

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

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

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Frederick A Ciocca
Signature of Treasurer Electronically Filed by Frederick A Ciocca Date 01 31 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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)).....	10015.00	12015.00
(b) Total Contribution Refunds (from Line 20(d)).....	.00	.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10015.00	12015.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	18480.66	64486.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	148.66	1236.70
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	18332.00	63249.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	36883.59	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	50.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	24480.87	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
 Bill Shuster for Congress

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

4525.00

4525.00

(ii) Unitemized.....

2240.00

2240.00

(iii) TOTAL of contributions

6765.00

6765.00

from individuals..... ▶

.00

.00

(b) Political Party Committees.....

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

3250.00

5250.00

(d) The Candidate.....

.00

.00

(e) TOTAL CONTRIBUTIONS (other than loans)

10015.00

12015.00

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

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

.00

.00

13. LOANS

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

.00

.00

(b) All Other Loans.....

.00

.00

(c) TOTAL LOANS

.00

.00

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

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

148.66

1236.70

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

.00

.00

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

10163.66

13251.70

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	18480.66	64486.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of all Other Loans.....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	.00	.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	.00
21. OTHER DISBURSEMENTS.....	120.00	3765.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	18600.66	68251.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	45320.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	10163.66
25. SUBTOTAL (add Line 23 and Line 24).....	55484.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18600.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	36883.59

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Art G Bruaw, Jr.

Mailing Address PO Box 277

City State Zip Code
Saint Thomas PA 17252

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

Name of Employer Occupation
E. C. Barnes Inc Sales

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 6

Transaction ID: SA11Ai-CN5298

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Bruno Degol, Jr.

Mailing Address RD 5 Box 25-A

City State Zip Code
Tyrone PA 16686

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

Name of Employer Occupation
DeGol Organization Executive

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

250.00

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

Transaction ID: SA11Ai-CN5332

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
David DeGol

Mailing Address 120 Himes Lane

City State Zip Code
Duncansville PA 16635

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

Name of Employer Occupation
DeGol Organization Executive

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

250.00

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

Transaction ID: SA11Ai-CN5333

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Dennis Degol

Mailing Address 3229 Pleasant Valley Blvd

City State Zip Code
Altoona PA 16602

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

Name of Employer DeGol Organization Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11Ai-CN5334

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 100 Sylvan Woods

City State Zip Code
Hollidaysburg PA 16648

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

Name of Employer DeGol Organization Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11Ai-CN5335

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 304 E Ward Avenue

City State Zip Code
Altoona PA 16602

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

Name of Employer Blair Electric Services Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11Ai-CN5324

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Harold C Gabler, Jr.

Mailing Address 691 Montgomery Avenue

City State Zip Code
Chambersburg PA 17201

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

Name of Employer H C Gabler Inc Occupation COB

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: SA11Ai-CN5326

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
H Dean Gates

Mailing Address 717 Harding Street

City State Zip Code
Roaring Spring PA 16673

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

Name of Employer none Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

225.00

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

Transaction ID: SA11Ai-CN5313

Amount of Each Receipt this Period
225.00

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

C. Full Name (Last, First, Middle Initial)
William L Hughes

Mailing Address 180 Shadyside Ln

City State Zip Code
Shelocta PA 15774

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

Name of Employer 422 Home Sales Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: SA11Ai-CN5311

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Margaret K. Kilcoin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 6	
Mailing Address 800 Preston Street-Apt #2		Transaction ID: SA11Ai-CN5307	
City State Zip Code Bedford PA 15522	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer none Occupation Retired widow	Election Cycle-to-Date ▼ 300.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. R Jeffrey Kimball		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 132 West Highland Avenue		Transaction ID: SA11Ai-CN5300	
City State Zip Code Ebensburg PA 15931	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer L Robert Kimball and Assoc. Occupation President/CFO	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Todd N Roadman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 121 Diehl Field Road		Transaction ID: SA11Ai-CN5342	
City State Zip Code Bedford PA 15522	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Reed Wertz and Roadman Occupation Insurance & Financial Planning	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	4525.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 27
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)
Dominion

Mailing Address One James River Plaza
PO Box 26666

City Richmond State VA Zip Code 23261

FEC ID number of contributing federal political committee. **C** C00108209

Name of Employer none Occupation none

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: SA11C-CN5303

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Edison International

Mailing Address 2244 Walnut Grove Avenue

City Rosemead State CA Zip Code 91770

FEC ID number of contributing federal political committee. **C** C00019653

Name of Employer none Occupation none

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: SA11C-CN5302

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Grand Trunk Rail-Illinois Central

Mailing Address 601 Pennsylvania Avenue NW
Suite 500 North Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00095117

Name of Employer None Occupation None

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: SA11C-CN5299

Amount of Each Receipt this Period
250.00

Designated to General 2006

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

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 27
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)
Penske Truck Leasing Co LP

Mailing Address Route 10 Green Hills
PO Box 563

City State Zip Code
Reading PA 19603

FEC ID number of contributing federal political committee. **C** C00373217

Name of Employer Occupation
none none

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: SA11C-CN5301

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	3250.00

**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 11 / 27

<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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. William Shuster		Transaction ID: SB21-EX4602 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 9 Overlook Drive		Amount of Each Disbursement this Period 15.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Promotional Tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

Full Name (Last, First, Middle Initial) B. Morrison Cove Republican Club		Transaction ID: SB21-EX4596 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address RD 1 Box 426 Meadowside Acres		Amount of Each Disbursement this Period 80.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Martinsburg State PA Zip Code 16662	Purpose of Disbursement Promotional Tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

Full Name (Last, First, Middle Initial) C. The Salvation Army		Transaction ID: SB21-EX4603 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 1813 Sixth Avenue		Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16602	Purpose of Disbursement Donations Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

SUBTOTAL of Disbursements This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	120.00

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 12 / 27

<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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Ciocca Benton & Company P.C.		Transaction ID: SB17-EX4611 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 912 Pleasant Valley Blvd		Amount of Each Disbursement this Period 5125.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16602	Purpose of Disbursement Professional Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) B. Ciocca Benton & Company P.C.		Transaction ID: SB17-EX4614 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6
Mailing Address 912 Pleasant Valley Blvd		Amount of Each Disbursement this Period 1440.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16602	Purpose of Disbursement Professional Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) C. Altoona Mirror		Transaction ID: SB17-EX4605 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address PO Box 2008		Amount of Each Disbursement this Period 215.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16602	Purpose of Disbursement Print Ads Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Advertising Expenses

SUBTOTAL of Disbursements This Page (optional) ▶	6781.14
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 27

<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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: SB17-EX4612 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address PO Box 646		Amount of Each Disbursement this Period 275.67
City Baltimore State MD Zip Code 21265	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type 001	Administrative/Salary/Overhead Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. State Farm Insurance		Transaction ID: SB17-EX4606 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 715 Lexington Avenue		Amount of Each Disbursement this Period 235.64
City Altoona State PA Zip Code 16601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Vehicle Expenses Candidate Name	Category/Type 001	Administrative/Salary/Overhead Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Shari Frankhauser		Transaction ID: SB17-EX4600 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 2324 Fourth Street		Amount of Each Disbursement this Period 440.06
City Altoona State PA Zip Code 16601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Taxi/Car/Bus Expense Candidate Name	Category/Type 002	Travel Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	951.37
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 27

<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

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

<p>A. UPS</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 7247-0244</p>		<p>Transaction ID: SB17-EX4607</p> <p>Date of Disbursement 12 / 08 / 2006</p>
<p>City Philadelphia State PA Zip Code 19170</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p>	<p>001 Category/Type</p>	<p>Amount of Each Disbursement this Period 32.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Administrative/Salary/Overhead Expenses</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. UPS</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 7247-0244</p>		<p>Transaction ID: SB17-EX4613</p> <p>Date of Disbursement 12 / 14 / 2006</p>
<p>City Philadelphia State PA Zip Code 19170</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p>	<p>001 Category/Type</p>	<p>Amount of Each Disbursement this Period 17.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Administrative/Salary/Overhead Expenses</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. Benjamin Hotel</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 125 East 50th Street</p>		<p>Transaction ID: SB17-EX4624</p> <p>Date of Disbursement 12 / 26 / 2006</p>
<p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p>	<p>002 Category/Type</p>	<p>Amount of Each Disbursement this Period 1161.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Travel Expenses</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1210.79</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 27

<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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. ATLANTIC broadband		Transaction ID: SB17-EX4604
Mailing Address Box 371801		Date of Disbursement 12 / 08 / 2006
City Pittsburgh	State PA	Zip Code 15250
Purpose of Disbursement Utilities	Amount of Each Disbursement this Period 103.95	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Administrative/Salary/Overhead Expenses	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001
State: District:		

Full Name (Last, First, Middle Initial) B. ATLANTIC broadband		Transaction ID: SB17-EX4620
Mailing Address Box 371801		Date of Disbursement 12 / 26 / 2006
City Pittsburgh	State PA	Zip Code 15250
Purpose of Disbursement Utilities	Amount of Each Disbursement this Period 54.02	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Administrative/Salary/Overhead Expenses	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001
State: District:		

Full Name (Last, First, Middle Initial) C. CenPenn Realty LLC		Transaction ID: SB17-EX4617
Mailing Address 513 Allegheny Street		Date of Disbursement 12 / 26 / 2006
City Hollidaysburg	State PA	Zip Code 16648
Purpose of Disbursement Rent	Amount of Each Disbursement this Period 500.00	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Administrative/Salary/Overhead Expenses	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001
State: District:		

SUBTOTAL of Disbursements This Page (optional)	657.97
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 27

<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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Robbe Bendick		Transaction ID: SB17-EX4598 Date of Disbursement 12 / 05 / 2006	
Mailing Address 1636 West Abingdon Drive #101		Amount of Each Disbursement this Period 250.75	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Vehicle Expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	Administrative/Salary/Overhead Expenses	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. S&T Bank		Transaction ID: SB17-EX4630 Date of Disbursement 12 / 01 / 2006	
Mailing Address 208 West Plank Road		Amount of Each Disbursement this Period 25.00	
City Altoona State PA Zip Code 16602	Purpose of Disbursement Bank Service Charge	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	Bank Service Charge	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: SB17-EX4621 Date of Disbursement 12 / 26 / 2006	
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 217.40	
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Telephone	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001	Administrative/Salary/Overhead Expenses	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	493.15
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 17 / 27

<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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Jeffrey Loveng		Transaction ID: SB17-EX4592 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 228 W. Windsor Avenue		Amount of Each Disbursement this Period 221.49
City Alexandria State VA Zip Code 22301	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meals Candidate Name	Category/Type 002	Travel Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. e2c consulting Inc.		Transaction ID: SB17-EX4618 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6
Mailing Address PO Box 29576		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20017	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Consultant Candidate Name	Category/Type 003	Solicitation and Fundraising Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. e2c consulting Inc.		Transaction ID: SB17-EX4619 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6
Mailing Address PO Box 29576		Amount of Each Disbursement this Period 287.00
City Washington State DC Zip Code 20017	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Candidate Name	Category/Type 003	Solicitation and Fundraising Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4508.49
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

PAGE 18 / 27

<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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. MCI Conferencing		Transaction ID: SB17-EX4599 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 500 Second Avenue SE Eighth Floor		Amount of Each Disbursement this Period 165.47
City Cedar Rapids State IA Zip Code 52401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	001 Category/Type	Administrative/Salary/Overhead Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. SCM Associates Inc.		Transaction ID: SB17-EX4609 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address Post Office Box 720 10 Main Street		Amount of Each Disbursement this Period 2811.40
City Jaffrey State NH Zip Code 03452	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Candidate Name	003 Category/Type	Solicitation and Fundraising Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. SCM Associates Inc.		Transaction ID: SB17-EX4610 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address Post Office Box 720 10 Main Street		Amount of Each Disbursement this Period 500.00
City Jaffrey State NH Zip Code 03452	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Candidate Name	003 Category/Type	Solicitation and Fundraising Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3476.87
TOTAL This Period (last page this line number only) ▶	18079.78

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 Don Pablos	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address Plank Road	
City State ZIP Code Altoona PA 16602	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID: SD10-INV1730
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="7500.00"/>	Transaction ID: SD10-INV3289
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="7500.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor S&T Bank	Nature of Debt (Purpose): Invoice: Campaign Materials
Mailing Address 208 West Plank Road	
City State ZIP Code Altoona PA 16602	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID: SD10-INV4473
Amount Incurred This Period <input style="width:100%;" type="text" value="25.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="25.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input style="width:100%;" type="text" value="7525.00"/>
2) TOTALS This Period (last page this line number only).....	<input style="width:100%;" type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width:100%;" type="text"/>

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

(Use separate schedule(s) for each numbered line)	PAGE 20 / 27
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Quill Corporation	Nature of Debt (Purpose): Invoice: Signature stamp Administrative/
Mailing Address PO Box 94081	
City State ZIP Code Palatine IL 60094	

Outstanding Balance Beginning This Period [.00]	Transaction ID: SD10-INV4494	
Amount Incurred This Period [40.52]	Payment This Period [.00]	Outstanding Balance at Close of This Period [40.52]

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CCH Incorporated	Nature of Debt (Purpose): Invoice: Campaign Finance Guide Administ
Mailing Address PO Box 5490	
City State ZIP Code Chicago IL 60680	

Outstanding Balance Beginning This Period [.00]	Transaction ID: SD10-INV4474	
Amount Incurred This Period [826.80]	Payment This Period [.00]	Outstanding Balance at Close of This Period [826.80]

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Members Dining Room	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address H-117 The Capitol HOB Rayburn Bldg	
City State ZIP Code Washington DC 20515	

Outstanding Balance Beginning This Period [.00]	Transaction ID: SD10-INV4475	
Amount Incurred This Period [18.00]	Payment This Period [.00]	Outstanding Balance at Close of This Period [18.00]

1) SUBTOTALS This Period This Page (optional).....	[885.32]
2) TOTALS This Period (last page this line number only).....	[]
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	[]
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	[]

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(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 Pennsylvania Association Of Notaries	Nature of Debt (Purpose): Invoice: Notary license for J. Mearkle A
Mailing Address 14 Wood Street	
City State ZIP Code Pittsburgh PA 15222	

Outstanding Balance Beginning This Period [.00]	Transaction ID: SD10-INV4478	
Amount Incurred This Period [201.31]	Payment This Period [.00]	Outstanding Balance at Close of This Period [201.31]

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Postal Service	Nature of Debt (Purpose): Invoice: Administrative/- Salary/Overhead
Mailing Address 525 Allegheny Street	
City State ZIP Code Hollidaysburg PA 16648	

Outstanding Balance Beginning This Period [.00]	Transaction ID: SD10-INV4479	
Amount Incurred This Period [4.73]	Payment This Period [.00]	Outstanding Balance at Close of This Period [4.73]

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dubliner An Irish Pub	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address Number 4 F Street	
City State ZIP Code Washington DC 20001	

Outstanding Balance Beginning This Period [.00]	Transaction ID: SD10-INV4480	
Amount Incurred This Period [40.00]	Payment This Period [.00]	Outstanding Balance at Close of This Period [40.00]

1) SUBTOTALS This Period This Page (optional).....	[246.04]
2) TOTALS This Period (last page this line number only).....	[]
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	[]
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	[]

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

(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 Dennys Restaurant	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address I-70 and Route 30	
City State ZIP Code Breezewood PA 15533	

Outstanding Balance Beginning This Period [.00]	Transaction ID: SD10-INV4481	
Amount Incurred This Period [22.71]	Payment This Period [.00]	Outstanding Balance at Close of This Period [22.71]

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bryant Park Cafe	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 476 Fifth Avenue	
City State ZIP Code New York NY 10018	

Outstanding Balance Beginning This Period [.00]	Transaction ID: SD10-INV4482	
Amount Incurred This Period [154.51]	Payment This Period [.00]	Outstanding Balance at Close of This Period [154.51]

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Peacock Alley	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 301 Park Avenue	
City State ZIP Code New York NY 10022	

Outstanding Balance Beginning This Period [.00]	Transaction ID: SD10-INV4483	
Amount Incurred This Period [61.36]	Payment This Period [.00]	Outstanding Balance at Close of This Period [61.36]

1) SUBTOTALS This Period This Page (optional).....	[238.58]
2) TOTALS This Period (last page this line number only).....	[]
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	[]
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	[]

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

(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 Filomena Ristorante	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 1063 Wisconsin Avenue NW	
City State ZIP Code Washington DC 20007	

Outstanding Balance Beginning This Period [.00]	Transaction ID: SD10-INV4484	
Amount Incurred This Period [4902.12]	Payment This Period [.00]	Outstanding Balance at Close of This Period [4902.12]

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amtrak	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address Market Street	
City State ZIP Code Philadelphia PA 19019	

Outstanding Balance Beginning This Period [.00]	Transaction ID: SD10-INV4485	
Amount Incurred This Period [472.00]	Payment This Period [.00]	Outstanding Balance at Close of This Period [472.00]

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nemacolin Woodlands Resort & Spa	Nature of Debt (Purpose): Invoice: Solitication and Fundraising E
Mailing Address 1001 LaFayette Drive	
City State ZIP Code Farmington PA 15437	

Outstanding Balance Beginning This Period [.00]	Transaction ID: SD10-INV4486	
Amount Incurred This Period [7413.82]	Payment This Period [.00]	Outstanding Balance at Close of This Period [7413.82]

1) SUBTOTALS This Period This Page (optional).....	▶ [12787.94]
2) TOTALS This Period (last page this line number only).....	▶ []
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶ []
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶ []

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

(Use separate schedule(s) for each numbered line)	PAGE 24 / 27
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dos Caminos	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 373 Park Avenue S	
City State ZIP Code New York NY 10016	

Outstanding Balance Beginning This Period [.00]	Transaction ID: SD10-INV4487	
Amount Incurred This Period [336.11]	Payment This Period [.00]	Outstanding Balance at Close of This Period [336.11]

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fifth Avenue Coffee Bar	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 389 Fifth Avenue	
City State ZIP Code New York NY 10016	

Outstanding Balance Beginning This Period [.00]	Transaction ID: SD10-INV4488	
Amount Incurred This Period [33.95]	Payment This Period [.00]	Outstanding Balance at Close of This Period [33.95]

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Benjamin Hotel	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 125 East 50th Street	
City State ZIP Code New York NY 10022	

Outstanding Balance Beginning This Period [.00]	Transaction ID: SD10-INV4489	
Amount Incurred This Period [1140.22]	Payment This Period [.00]	Outstanding Balance at Close of This Period [1140.22]

1) SUBTOTALS This Period This Page (optional).....	[1510.28]
2) TOTALS This Period (last page this line number only).....	[]
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	[]
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	[]

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

(Use separate schedule(s) for each numbered line)	PAGE 25 / 27
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Benjamin Hotel	Nature of Debt (Purpose): Invoice: Travel Expenses
Mailing Address 125 East 50th Street	
City State ZIP Code New York NY 10022	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10-INV4490	
Amount Incurred This Period <input type="text" value="1140.22"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1140.22"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Invoice: 814 696-0225 608 26Y Administra
Mailing Address PO Box 646	
City State ZIP Code Baltimore MD 21265	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: SD10-INV4493	
Amount Incurred This Period <input type="text" value="147.49"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="147.49"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1287.71"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="24480.87"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value=""/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value=""/>

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

(Use separate schedule(s) for each numbered line)	PAGE 26 / 27	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Circuit City Stores Inc	Nature of Debt (Purpose): Invoice: New Campaign Computer Administr
Mailing Address 141 Sierra Drive	
City State ZIP Code Altoona PA 16601	

Outstanding Balance Beginning This Period	Transaction ID: SD9-INV4429	
-170.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
.00	-120.00	50.00

1) SUBTOTALS This Period This Page (optional).....	50.00
2) TOTALS This Period (last page this line number only).....	50.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

Image# 27950044728

Form/Schedule: **F3N**

Transaction ID:

The accompanying Report of Receipts and Disbursements from November 28 2006 through December 31 2006 for the Bill Shuster for Congress Committee included in the prescribed form have been prepared by Fredierck A. Ciocca CPA. I have prepared such financial statements in my capacity as treasurer of the Bill Shuster for Congress Committee.
