

**SCHEDULE C (FEC Form 3)
LOANS**

RECEIVED
FED MAIL
OPERATIONS CENTER

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

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FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

2005 MAR 29 P 12: 12

Transaction ID: SC10-LN15

LOAN SOURCE Full Name (Last, First, Middle Initial)
S&T Bank

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address Commercial Lending
208 West Plank Road

City Altoona State PA ZIP Code 16602

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

TERMS Date Incurred Date Due Interest Rate Secured:

| | | | | | |
|-----------|-----------|-----------------|----------|---------------|---|
| M M 12 | D D 23 | Y Y Y Y 2004 | 20050930 | 6.2500% (apr) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------|-----------|-----------------|----------|---------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--|
| Full Name (Last, First, Middle Initial) William F Shuster | Name of Employer US Government |
| Mailing Address 9 Overlook Drive | Occupation Congressman |
| City Hollidaysburg State PA ZIP Code 16648 | Amount Guaranteed Outstanding: 200000.00 |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | |
|--|-----------|
| SUBTOTALS This Period This Page (optional).....▶ | 200000.00 |
| TOTALS This Period (last page in this line only).....▶ | 200000.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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