

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

BILL SHUSTER FOR CONGRESS

ADDRESS (number and street)

PO BOX 27

Check if different than previously reported. (ACC)

HOLLIDAYSBURG

PA

16648

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00364935

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE DISTRICT

PA

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M M / D D / Y Y Y Y

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M M / D D / Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

through

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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

KILGORE, PAUL, A, ,

Type or Print Name of Treasurer

KILGORE, PAUL, A, ,

Signature of Treasurer

[Electronically Filed]

Date

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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

Office Use Only								
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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))....	248300.00	1402495.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	3550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	248300.00	1398945.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	138195.74	928911.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	451.12	7274.92
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	137744.62	921636.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1022651.20	
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 05/2016)

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).....	76500.00	509370.00
(ii) Unitemized.....	200.00	1875.00
(iii) TOTAL of contributions from individuals ▶	76700.00	511245.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	171600.00	891250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	248300.00	1402495.00
<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>	451.12	7274.92
<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>	248751.12	1409769.92

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	138195.74	928911.55
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	3550.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	3550.00
21. OTHER DISBURSEMENTS .....	5400.00	8625.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	143595.74	941086.55

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	917495.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	248751.12
25. SUBTOTAL (add Line 23 and Line 24).....	1166246.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	143595.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1022651.20

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

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

FOR LINE NUMBER: PAGE 5 OF 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**BAKER, LESLIE, GROMIS, ,**  
 Mailing Address 581 BARBERRY ROAD  
 City SEWICKLEY State PA Zip Code 15143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UPMC Occupation VICE PRESIDENT  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2017  
**Transaction ID : SA11AI.117294**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**BENNEAR, HARRY, , ,**  
 Mailing Address 652 COON RIDGE RD  
 City JOHNSTOWN State PA Zip Code 15905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DALE OXYGEN Occupation OWNER  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2017  
**Transaction ID : SA11AI.117166**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BITTNER, JOHN, R, ,**  
 Mailing Address 470 FORBES RD  
 City BEDFORD State PA Zip Code 15522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SNYDER'S GATEWAY Occupation PRINCIPAL  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2017  
**Transaction ID : SA11AI.117157**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 131  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**BOHRER JR., GEORGE, H., ,**

Mailing Address 413 JEFFERSON ST.

City ASHVILLE	State PA	Zip Code 16613
------------------	-------------	-------------------

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

Name of Employer MISSION CRITICAL SOLUTIONS LLC	Occupation PRESIDENT
--	-------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2017

**Transaction ID : SA11AI.117163**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 141 KENYON ST

City HARTFORD	State CT	Zip Code 06105
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FEC ID number of contributing federal political committee. **C**

Name of Employer PULLMAN & COMLEY, LLC	Occupation ATTORNEY
---	------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : SA11AI.117358**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address PO BOX 788

City SHELTON	State CT	Zip Code 06484
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FEC ID number of contributing federal political committee. **C**

Name of Employer JJ BRENNAN CONSTRUCTION	Occupation PRESIDENT
---	-------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2017

**Transaction ID : SA11AI.117139**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 131	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**BUCCI, BELINDA, J, ,**

Mailing Address 2500 COUNTRY CLUB DR

City PITTSBURGH	State PA	Zip Code 15205
--------------------	-------------	-------------------

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

Name of Employer GOLDEN TRIANGLE CONSTRUCTION	Occupation PRESIDENT
--	-------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 19 / 2017

**Transaction ID : SA11AI.117050**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**CALANDRA, PAUL, J, MR.,**

Mailing Address PO BOX 187

City CRESSON	State PA	Zip Code 16630
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FEC ID number of contributing federal political committee. **C**

Name of Employer JENNMAR CORP	Occupation GENERAL MANAGER
----------------------------------	-------------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 02 / 2017

**Transaction ID : SA11AI.117164**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address PO BOX 111253

City PITTSBURGH	State PA	Zip Code 15238
--------------------	-------------	-------------------

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

Name of Employer JENNMAR	Occupation PRESIDENT
-----------------------------	-------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 19 / 2017

**Transaction ID : SA11AI.117047**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	3950.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 131  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**CAPRETTO, ROBERT, , ,**

Mailing Address 215 25TH ST NO. 10

City PITTSBURGH State PA Zip Code 15222

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

Name of Employer OAK HILL HOLDINGS Occupation PRINCIPAL

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2017

Transaction ID : SA11AI.117150

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 9017 CLEWERWALL DRIVE

City BETHESDA State MD Zip Code 20817

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

Name of Employer FOLEY & LARDNER Occupation PRINCIPLE

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2017

Transaction ID : SA11AI.117060

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1990 SWEET ROOT RD

City BEDFORD State PA Zip Code 15522

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

Name of Employer CLARK CONTRACTORS, INC. Occupation PRESIDENT

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 10 / 2017

Transaction ID : SA11AI.117033

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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



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

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

FOR LINE NUMBER: PAGE 9 OF 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**DALLARA, SHARON, L, ,**

Mailing Address 230 WAYNE BLVD

City ALUM BANK State PA Zip Code 15521

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

Name of Employer BEDFORD COUNTY Occupation COUNTY COMMISSIONER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2017

Transaction ID : SA11AI.117153

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 204 ARANDALE ST.

City BEDFORD State PA Zip Code 15522

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

Name of Employer BUN AIR CORP Occupation GENERAL MANAGER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2017

Transaction ID : SA11AI.117169

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 182 PRINCE GEORGE STREET

City ANNAPOLIS State MD Zip Code 21401

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

Name of Employer THE STANTON PARK GROUP Occupation CONSULTANT

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2017

Transaction ID : SA11AI.117367

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**DETWILER, PATRICIA, B, ,**  
 Mailing Address 186 ARANDALE ST  
 City BEDFORD State PA Zip Code 15522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation HOMEMAKER  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2017  
**Transaction ID : SA11AI.117301**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DETWILER, PAUL, I, , III**  
 Mailing Address 5029 PENNKNOLL HEIGHTS  
 City EVERETT State PA Zip Code 15537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEW ENTERPRISE STONE AND LIME Occupation EXECUTIVE  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2017  
**Transaction ID : SA11AI.117175**  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DETWILER, DONALD, L, ,**  
 Mailing Address 233 STONEHEDGE RD  
 City HOLLIDAYSBURG State PA Zip Code 16648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEW ENTERPRISE STONE AND LIME Occupation EXECUTIVE  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2017  
**Transaction ID : SA11AI.117168**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

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

5000.00

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

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

FOR LINE NUMBER: PAGE 11 OF 131  
(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)  
**DEVIERNO, JOHN, A., ,**  
 Mailing Address 9417 BYEFORDE RD  
 City KENSINGTON State MD Zip Code 20895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation ATTORNEY  
 Receipt For: 2018  
 Primary     General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017  
**Transaction ID : SA11AI.117360**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DONAHUE, THOMAS, R, ,**  
 Mailing Address PO BOX 38173  
 City PITTSBURGH State PA Zip Code 15238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FEDERATED INVESTORS Occupation CFO  
 Receipt For: 2018  
 Primary     General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2017  
**Transaction ID : SA11AI.117410**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DUKESHERER, KEVIN, LLOYD, ,**  
 Mailing Address PO BOX 6129  
 City SAN PEDRO State CA Zip Code 90734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PROGRESSIVE TRANSPORTATION SERVICE Occupation PRESIDENT  
 Receipt For: 2018  
 Primary     General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2017  
**Transaction ID : SA11AI.117006**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 131	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**EGAN, CHRISTOPHER, F, ,**

Mailing Address 116 FLANDERS RD STE 2000

City WESTBOROUGH	State MA	Zip Code 01581
---------------------	-------------	-------------------

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

Name of Employer CARRUTH	Occupation WORKER
-----------------------------	----------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2017

**Transaction ID : SA11AI.117137**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address 1001 LIBERTY AVE #2100

City PITTSBURGH	State PA	Zip Code 15222
--------------------	-------------	-------------------

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

Name of Employer FEDERATED INVESTORS	Occupation DIRECTOR
---	------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2017

**Transaction ID : SA11AI.117407**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**FLEMING, THOMAS, P, , JR.**

Mailing Address 235 COLLEGIATE DR.

City JOHNSTOWN	State PA	Zip Code 15904
-------------------	-------------	-------------------

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

Name of Employer BISHOP MCCORT CATHOLIC HIGH SCHOOL	Occupation PRINCIPAL
--	-------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2017

**Transaction ID : SA11AI.117170**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	4200.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**FROBOUCK, STEPHEN, C, ,**  
 Mailing Address 18 OVERLOOK DR  
 City PITTSBURGH State PA Zip Code 15238  
 FEC ID number of contributing federal political committee. C  
 Name of Employer ANDERSON GROUP Occupation PRIVATE EQUITY/PRESIDENT  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 19 2017  
**Transaction ID : SA11AI.117057**  
 Amount of Each Receipt this Period  
 2700.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**GALLAGHER, PATRICK, S, ,**  
 Mailing Address 10117 SCHOOLHOUSE WOODS CT  
 City BURKE State VA Zip Code 22015  
 FEC ID number of contributing federal political committee. C  
 Name of Employer PURIFY FUELS Occupation BOARD MEMBER  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 02 2017  
**Transaction ID : SA11AI.117161**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**GERMAIN, PETER, J, ,**  
 Mailing Address 328 FREY DR  
 City WEXFORD State PA Zip Code 15090  
 FEC ID number of contributing federal political committee. C  
 Name of Employer FEDERATED INVESTORS Occupation GENERAL COUNSEL  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 20 2017  
**Transaction ID : SA11AI.117411**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 14 OF 131  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**GRANDY, DARLA, J, ,**

Mailing Address 410 PIERCE AVE

City SHARPSVILLE State PA Zip Code 16150

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 02 2017

Transaction ID : SA11AI.117155

Amount of Each Receipt this Period  
1500.00

Memo Item

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

Mailing Address 791 PROSPECT AVE #20

City WEST HARTFORD State CT Zip Code 06105

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 11 2017

Transaction ID : SA11AI.117359

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**HAMMEL, CHARLES, L., , III**

Mailing Address 609 ACADEMY AVE

City SEWICKLEY State PA Zip Code 15143

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

Name of Employer PITT OHIO Occupation TRUCKING CEO

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 20 2017

Transaction ID : SA11AI.117412

Amount of Each Receipt this Period  
2700.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4450.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 131  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**HAMMEL, CHARLES, L., III**

Mailing Address 609 ACADEMY AVE

City SEWICKLEY State PA Zip Code 15143

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

Name of Employer PITT OHIO Occupation TRUCKING CEO

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 20 / 2017

Transaction ID : SA11AI.117413

Amount of Each Receipt this Period  
2300.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**HARDY, JOSEPH, A., III**

Mailing Address 1019 ROUTE 519 BUILDING #5

City EIGHTY FOUR State PA Zip Code 15330

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

Name of Employer 84 LUMBER COMPANY Occupation CEO

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 19 / 2017

Transaction ID : SA11AI.117042

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**HARDY, JOSEPH, A., III**

Mailing Address 1019 ROUTE 519 BUILDING #5

City EIGHTY FOUR State PA Zip Code 15330

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

Name of Employer 84 LUMBER COMPANY Occupation CEO

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 19 / 2017

Transaction ID : SA11AI.117043

Amount of Each Receipt this Period  
2300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7300.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

Mailing Address 8709 BURNING TREE ROAD

City: BETHESDA State: MD Zip Code: 20817

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

Name of Employer: AMERICAN DEFENSE INTERNATIONAL INC. Occupation: GOVERNMENT RELATIONS

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2017

Transaction ID : SA11AI.117304

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**HIPP, VAN, D, , JR.**

Mailing Address 809 N. QUAKER LANE

City: ALEXANDRIA State: VA Zip Code: 22302

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

Name of Employer: AMERICAN DEFENSE INTERNATIONAL Occupation: CHAIRMAN

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2017

Transaction ID : SA11AI.117424

Amount of Each Receipt this Period  
 250.00

Memo Item

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

Mailing Address 220 20TH ST S #1412

City: ARLINGTON State: VA Zip Code: 22202

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

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

Transaction ID : SA11AI.117361

Amount of Each Receipt this Period  
 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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



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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**JACOB, JOHN, W, ,**  
Mailing Address 952 SHADY LN  
City SOMERSET State PA Zip Code 15501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HIGHLAND TANK Occupation VICE PRESIDENT  
Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2017  
Transaction ID : SA11AI.117151  
Amount of Each Receipt this Period  
1000.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JARVIS, ALEX, , ,**  
Mailing Address 1306 CLAYBORNE HOUSE CT.  
City MCLEAN State VA Zip Code 22101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FIERCE GOVERNMENT RELATIONS Occupation CONSULTANT  
Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 06 / 2017  
Transaction ID : SA11AI.117008  
Amount of Each Receipt this Period  
500.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JORGENSEN FLETCHER, NANCY, , ,**  
Mailing Address 4125 PARKGLEN CT NW  
City WASHINGTON State DC Zip Code 20007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OUTDOOR ADVERTISING ASSOC Occupation PRESIDENT & CEO  
Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017  
Transaction ID : SA11AI.117356  
Amount of Each Receipt this Period  
1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 131	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**KELLER, JOSEPH, G, ,**

Mailing Address 120 CLOVER CIRCLE

City HOLLIDAYSBURG	State PA	Zip Code 16648
-----------------------	-------------	-------------------

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

Name of Employer KELLER ENGINEERING INC	Occupation CIVIL ENGINEER
--	------------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 02 / 2017

**Transaction ID : SA11AI.117165**

Amount of Each Receipt this Period  
750.00

Memo Item

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

Mailing Address 10315 FOLK ST

City SILVER SPRING	State MD	Zip Code 20902
-----------------------	-------------	-------------------

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

Name of Employer OUTDOOR ADVERTISING OF AMERICA	Occupation VICE PRESIDENT-GOVT AFFAIRS
--	---

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
12 / 11 / 2017

**Transaction ID : SA11AI.117363**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 10315 FOLK ST

City SILVER SPRING	State MD	Zip Code 20902
-----------------------	-------------	-------------------

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

Name of Employer OUTDOOR ADVERTISING OF AMERICA	Occupation VICE PRESIDENT-GOVT AFFAIRS
--	---

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
12 / 11 / 2017

**Transaction ID : SA11AI.117364**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 19 OF 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**LEHMAN, P JOSEPH, , , JR.**

Mailing Address 315 QUINCE CT

City: HOLLIDAYSBURG State: PA Zip Code: 16648

FEC ID number of contributing federal political committee: C

Name of Employer: P JOSEPH LEHMAN INC Occupation: PRESIDENT

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 11 / 02 / 2017

Transaction ID : SA11AI.117159

Amount of Each Receipt this Period: 500.00

Memo Item

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

Mailing Address 1001 LIBERTY AVE 27TH FL

City: PITTSBURGH State: PA Zip Code: 15222

FEC ID number of contributing federal political committee: C

Name of Employer: FEDERATED INVESTORS Occupation: EXECUTIVE

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 12 / 20 / 2017

Transaction ID : SA11AI.117408

Amount of Each Receipt this Period: 1000.00

Memo Item

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

Mailing Address 245 TALL TIMBER DR

City: JOHNSTOWN State: PA Zip Code: 15904

FEC ID number of contributing federal political committee: C

Name of Employer: SELF EMPLOYED Occupation: PHARMACIST

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 11 / 02 / 2017

Transaction ID : SA11AI.117173

Amount of Each Receipt this Period: 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 131	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**MATESIC, DAVID, G., ,**

Mailing Address 3447 E. CARSON ST.

City PITTSBURGH	State PA	Zip Code 15203
--------------------	-------------	-------------------

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

Name of Employer MATCON DIAMOND	Occupation PRESIDENT
------------------------------------	-------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 19 / 2017

**Transaction ID : SA11AI.117052**

Amount of Each Receipt this Period  

2700.00
---------

Memo Item

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

Mailing Address 1335 R STREET NW #2

City WASHINGTON	State DC	Zip Code 20009
--------------------	-------------	-------------------

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

Name of Employer OGILVY GOVERNMENT RELATIONS	Occupation LOBBYIST
---	------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 20 / 2017

**Transaction ID : SA11AI.117223**

Amount of Each Receipt this Period  

700.00
--------

Memo Item

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

Mailing Address 1335 R STREET NW #2

City WASHINGTON	State DC	Zip Code 20009
--------------------	-------------	-------------------

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

Name of Employer OGILVY GOVERNMENT RELATIONS	Occupation LOBBYIST
---	------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 20 / 2017

**Transaction ID : SA11AI.117224**

Amount of Each Receipt this Period  

300.00
--------

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	3700.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 21 OF 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**MCGOWAN, ROBERT, M, MR., JR**  
 Mailing Address 245 TALL TIMBER DR  
 City JOHNSTOWN State PA Zip Code 15904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MISSION CRITICAL SOLUTIONS, LLC Occupation CEO  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2017  
**Transaction ID : SA11AI.117171**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**MCNULTY, TIMOTHY, P, ,**  
 Mailing Address 106 LINDEN AVE.  
 City PITTSBURGH State PA Zip Code 15208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARNEGIE MELLON UNIVERSITY Occupation EDUCATION ADMINISTRATION  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2017  
**Transaction ID : SA11AI.117054**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MOROUN, MATTHEW, T, ,**  
 Mailing Address 160 PROVENCAL  
 City GROSSE POINTE FARM State MI Zip Code 48236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CENTRA, INC. Occupation VICE CHAIRMAN  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2017  
**Transaction ID : SA11AI.117149**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**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: PAGE 22 OF 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**NASSOUR, JENNIFER, A, ,**

Mailing Address 340 MARLBOROUGH ST

City BOSTON State MA Zip Code 02115

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

Name of Employer RUBIN & RUDMAN Occupation ATTORNEY

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2017

Transaction ID : SA11AI.117138

Amount of Each Receipt this Period  
 2700.00

Memo Item

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

Mailing Address 530 HARRISON AVE

City BOSTON State MA Zip Code 02118

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2017

Transaction ID : SA11AI.117143

Amount of Each Receipt this Period  
 2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**O'DONNELL, PATRICK, , ,**

Mailing Address 672 N 75 EAST

City COALVILLE State UT Zip Code 84017

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

Name of Employer YESCO OUTDOOR MEDIA Occupation PRESIDENT

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

Transaction ID : SA11AI.117357

Amount of Each Receipt this Period  
 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5700.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**PASQUERILLA, MARK, E, ,**

Mailing Address 945 MENOHER BLVD

City JOHNSTOWN State PA Zip Code 15901

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

Name of Employer CROWN AMERICAN ASSOCIATES Occupation EXECUTIVE

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2017

Transaction ID : SA11AI.117167

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**POLACEK, WILLIAM, C, MR.,**

Mailing Address 437 LEVENTRY ROAD

City JOHNSTOWN State PA Zip Code 15904

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

Name of Employer JWF INDUSTRIES Occupation OWNER

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2017

Transaction ID : SA11AI.117174

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**PURE HOSPITALITY MANAGEMENT, LLC**

Mailing Address 3101 CHIPMUNK CROSSING

City ENTRIKEN State PA Zip Code 16638

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

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2017

Transaction ID : SA11AI.117172

Amount of Each Receipt this Period  
1500.00

Memo Item

**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: PAGE 24 OF 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**PATT, JOSH, , ,**  
 Mailing Address 819 ALLEGHANY ST  
 City HOLLIDAYSBURG State PA Zip Code 16648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PURE HOSPITALITY MANAGEMENT LLC Occupation PARTNER  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2017  
**Transaction ID : SA11AI.117204**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item  
 PARTNERSHIP PURE HOSPITALITY MANAGEMENT, LLC

**B.** Full Name (Last, First, Middle Initial)  
**KOZAK, SAMANTHA, PATT, ,**  
 Mailing Address 339 FERNWAY DRIVE  
 City HOLLIDAYSBURG State PA Zip Code 16648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LAKE RAYSTOWN RESORT Occupation GENERAL MANAGER  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2017  
**Transaction ID : SA11AI.117205**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item  
 PARTNERSHIP PURE HOSPITALITY MANAGEMENT, LLC

**C.** Full Name (Last, First, Middle Initial)  
**REAGAN, WILLIAM, K, ,**  
 Mailing Address 1775 WARM SPRINGS RD  
 City SALT LAKE CITY State UT Zip Code 84116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017  
**Transaction ID : SA11AI.117362**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 131  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**ROMOFF, JEFFREY, A, ,**  
Mailing Address 3208 FOX RUN RD

City: ALLISON PARK State: PA Zip Code: 15101

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

Name of Employer: UPMC Occupation: CEO

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 04 / 2017

Transaction ID : SA11AI.117293

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SHEEHAN, EDWARD, J, , JR.**  
Mailing Address 802 LUZERNE ST.

City: JOHNSTOWN State: PA Zip Code: 15905

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

Name of Employer: CONCURRENT TECHNOLOGIES CORP. Occupation: PRESIDENT & CEO

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2017

Transaction ID : SA11AI.117154

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SHEETZ, STANTON, R, ,**  
Mailing Address 5700 6TH AVE

City: ALTOONA State: PA Zip Code: 16602

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

Name of Employer: SHEETZ CORPORATION Occupation: EXECUTIVE

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2017

Transaction ID : SA11AI.117058

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 131	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

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

Mailing Address 906 AMBERSON AVE

City PITTSBURGH	State PA	Zip Code 15232
--------------------	-------------	-------------------

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

Name of Employer CAMPBELL TRANSPORTATION	Occupation CEO
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Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 19 / 2017

**Transaction ID : SA11AI.117053**

Amount of Each Receipt this Period  

1000.00
---------

Memo Item

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

Mailing Address 85 PINE CREST DR

City INDIANA	State PA	Zip Code 15701
-----------------	-------------	-------------------

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

Name of Employer SUPINKA & SUPINKA, PC	Occupation ATTORNEY
---	------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 19 / 2017

**Transaction ID : SA11AI.117051**

Amount of Each Receipt this Period  

1000.00
---------

Memo Item

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

Mailing Address 123 CAMELOT BLVD

City FALLING WATERS	State WV	Zip Code 25419
------------------------	-------------	-------------------

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

Name of Employer SZANCA SOLUTIONS INC.	Occupation PRESIDENT/CEO
---	-----------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
10 / 27 / 2017

**Transaction ID : SA11AI.117064**

Amount of Each Receipt this Period  

1500.00
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Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 27 OF 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**TEKAVEC, DEBRA, L, ,**  
Mailing Address 3607 S 16TH ST.  
City ARLINGTON State VA Zip Code 22204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CORNEGIE MELLON Occupation DIRECTOR OF FEDERAL RELATIONS  
Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2017  
Transaction ID : SA11AI.117056  
Amount of Each Receipt this Period  
500.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**TUTINO, VINCENT, P, ,**  
Mailing Address 3031 WILMINGTON ROAD  
City NEW CASTLE State PA Zip Code 16105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LINDY PAVING INC. Occupation PRESIDENT  
Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2017  
Transaction ID : SA11AI.117049  
Amount of Each Receipt this Period  
1000.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**UHLMAN, PAUL, A, ,**  
Mailing Address 907 DELAFIELD RD  
City PITTSBURGH State PA Zip Code 15215  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FEDERATED SECURITIES Occupation PRESIDENT  
Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2017  
Transaction ID : SA11AI.117409  
Amount of Each Receipt this Period  
1000.00  
 Memo Item

**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: PAGE 28 OF 131  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**VINCZE, CHRISTOPHER, , ,**

Mailing Address 1 EISENHAURE LANE

City NORTH READING State MA Zip Code 01864

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

Name of Employer TRC CORPORATION Occupation EXECUTIVE

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2017

Transaction ID : SA11AI.117177

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 271 POND STREET

City HOLLIDAYSBURG State PA Zip Code 16648

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

Name of Employer SAINT FRANCIS UNIVERSITY Occupation GOVERNMENT RELATIONS

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2017

Transaction ID : SA11AI.117158

Amount of Each Receipt this Period  
1500.00

Memo Item

**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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	76500.00

**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 29 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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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: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2017

**Transaction ID : SA11C.117148**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AEROJET ROCKETDYNE INC AND GENCORP PAC**

Mailing Address P.O. BOX 13222

City SACRAMENTO	State CA	Zip Code 95813
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00129122

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2017

**Transaction ID : SA11C.117428**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AES CORPORATION POLITICAL ACTION COMMITTEE; THE**

Mailing Address 4300 WILSON BOULEVARD 11TH FLOOR

City ARLINGTON	State VA	Zip Code 22203
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00507962

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2017

**Transaction ID : SA11C.117142**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 4000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**AES CORPORATION POLITICAL ACTION COMMITTEE; THE**

Mailing Address 4300 WILSON BOULEVARD 11TH FLOOR

City ARLINGTON	State VA	Zip Code 22203
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00507962

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

**Transaction ID : SA11C.117352**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AES CORPORATION POLITICAL ACTION COMMITTEE; THE**

Mailing Address 4300 WILSON BOULEVARD 11TH FLOOR

City ARLINGTON	State VA	Zip Code 22203
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00507962

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2017

**Transaction ID : SA11C.117421**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 MASSACHUSETTS AVE NW

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2017

**Transaction ID : SA11C.117423**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 4000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**ALLIED PILOTS ASSOCIATION PAC**

Mailing Address 14600 TRINITY BLVD-SUITE 500

City FORT WORTH	State TX	Zip Code 76155
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00267849

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

**Transaction ID : SA11C.117331**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AMALGAMATED TRANSIT UNION-COPE PAC**

Mailing Address 5025 WISCONSIN AVE NW

City WASHINGTON	State DC	Zip Code 20016
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00032995

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2017

**Transaction ID : SA11C.117461**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AMALGAMATED TRANSIT UNION-COPE PAC**

Mailing Address 5025 WISCONSIN AVE NW

City WASHINGTON	State DC	Zip Code 20016
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00032995

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2017

**Transaction ID : SA11C.117462**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 131		
	<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)  
**AMERICAN AIRLINES PAC**

Mailing Address 1101 17TH ST NW NO 600

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00107300

Name of Employer	Occupation
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Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : SA11C.117339**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN FOREST & PAPER ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 19TH STREET , NW  
SUITE 800

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00029348

Name of Employer	Occupation
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Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : SA11C.117432**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN TRAFFIC SAFETY SERVICES ASSOC. PAC**

Mailing Address 15 RIVERSIDE PARKWAY  
SUITE 100

City FREDERICKSBURG	State VA	Zip Code 22406
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00281717

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : SA11C.117425**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN WATER WORKS CO. INC. PAC**

Mailing Address 1025 LAUREL OAK ROAD

City VORHEES	State NJ	Zip Code 08043
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00354548

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

**Transaction ID : SA11C.117354**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ANHEUSER-BUSCH COMPANIES PAC**

Mailing Address 1401 I ST NW SUITE 200

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer	Occupation
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Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2017

**Transaction ID : SA11C.117442**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**AUTO CARE ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 7101 WISCONSIN AVENUE  
SUITE 1300

City BETHESDA	State MD	Zip Code 20814
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00250753

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

**Transaction ID : SA11C.117343**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 5500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**AUTOMOTIVE FREE INTERNATIONAL TRADE PAC**

Mailing Address 1625 PRINCE ST SUITE 225

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

**Transaction ID : SA11C.117345**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**BAE SYSTEMS USA PAC**

Mailing Address 1300 17TH ST N  
SUITE 1400

City ARLINGTON	State VA	Zip Code 22209
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2017

**Transaction ID : SA11C.117433**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BLANK ROME LLP FED PAC**

Mailing Address 600 NEW HAMPSHIRE AVE NW

City WASHINGTON	State DC	Zip Code 20037
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00150797

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2017

**Transaction ID : SA11C.117454**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**BP CORPORATION NORTH AMERICA INC. PAC**

Mailing Address 501 WESTLAKE PARK BLVD

City HOUSTON	State TX	Zip Code 77079
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00060103

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2017

**Transaction ID : SA11C.117176**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**CALGON CARBON CORPORATION PAC INC DBA CCC PAC OR CALGON CARBON PAC**

Mailing Address 400 CALGON CARBON DRIVE

City PITTSBURGH	State PA	Zip Code 15205
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00543876

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2017

**Transaction ID : SA11C.117045**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

Mailing Address 100 NE ADAMS

City PEORIA	State IL	Zip Code 61629
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00148031

Name of Employer	Occupation
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Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2017

**Transaction ID : SA11C.117061**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 7000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 131
<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)  
**CH2M HILL COMPANIES LTD PAC**

Mailing Address 9191 S JAMAICA STREET

City ENGLEWOOD	State CO	Zip Code 80112
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00143305

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 06 / 2017

**Transaction ID : SA11C.117012**

Amount of Each Receipt this Period  
- 1000.00

Memo Item  
RETURNED CHECK

**B.** Full Name (Last, First, Middle Initial)  
**CH2M HILL COMPANIES LTD PAC**

Mailing Address 9191 S JAMAICA STREET

City ENGLEWOOD	State CO	Zip Code 80112
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00143305

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 06 / 2017

**Transaction ID : SA11C.117013**

Amount of Each Receipt this Period  
- 2000.00

Memo Item  
RETURNED CHECK

**C.** Full Name (Last, First, Middle Initial)  
**CH2M HILL COMPANIES LTD PAC**

Mailing Address 9191 S JAMAICA STREET

City ENGLEWOOD	State CO	Zip Code 80112
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00143305

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2017

**Transaction ID : SA11C.117181**

Amount of Each Receipt this Period  
2000.00

Memo Item

**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 37 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**CH2M HILL COMPANIES LTD PAC**

Mailing Address 9191 S JAMAICA STREET

City ENGLEWOOD	State CO	Zip Code 80112
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00143305

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

**Transaction ID : SA11C.117326**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**CLEAR CHANNEL COMMUNICATIONS INC. PAC**

Mailing Address 200 E. BASSE ROAD

City SAN ANTONIO	State TX	Zip Code 78209
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

**Transaction ID : SA11C.117335**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**CLEAR CHANNEL COMMUNICATIONS INC. PAC**

Mailing Address 200 E. BASSE ROAD

City SAN ANTONIO	State TX	Zip Code 78209
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00279216

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2017

**Transaction ID : SA11C.117455**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 4500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**COHEN & GRIGSBY, P.C., POLITICAL ACTION COMMITTEE**

Mailing Address 625 LIBERTY AVENUE

City PITTSBURGH	State PA	Zip Code 15222
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00195362

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2017

**Transaction ID : SA11C.117041**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DAY & ZIMMERMAN INC FEDERAL**

Mailing Address 1655 FORT MYER DR N  
SUITE 520

City ARLINGTON	State VA	Zip Code 22209
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00341271

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2017

**Transaction ID : SA11C.117427**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DELTA AIR LINES PAC**

Mailing Address 1212 NEW YORK AVE NW STE. 200

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00104802

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

**Transaction ID : SA11C.117349**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 7000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**DYNCORP INTERNATIONAL PAC**

Mailing Address 3190 FAIRVIEW PARK DRIVE  
SUITE 700

City FALLS CHURCH State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00409979

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : SA11C.117426**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**EMPLOYEES OF NORTHROP GRUMMAN CORP**

Mailing Address 520 GRAND AVE S  
SUITE 700

City LOS ANGELES State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : SA11C.117436**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**ENGINEERS POLITICAL EDUCATION COMMITTEE**

Mailing Address 1125 SEVENTEENTH STREET NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11C.117453**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**EQT CORPORATION PAC**

Mailing Address 625 LIBERTY AVENUE  
SUITE 1700

City PITTSBURGH	State PA	Zip Code 15222
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00151175

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : SA11C.117341**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 1001 LIBERTY AVENUE  
SUITE 850

City PITTSBURGH	State PA	Zip Code 15222
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00336842

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2017

**Transaction ID : SA11C.117046**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 50 F ST NW SUITE 900

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : SA11C.117337**

Amount of Each Receipt this Period  
2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**FLUOR CORPORATION PAC**

Mailing Address 403 EAST CAPITOL ST SE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00034132

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : SA11C.117435**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**FOOD MARKETING INSTITUTE PAC**

Mailing Address 2345 CRYSTAL DR SUITE 800

City WASHINGTON	State DC	Zip Code 22202
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00014555

Name of Employer	Occupation
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Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : SA11C.117333**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**FRATERNITY & SORORITY PAC**

Mailing Address PO BOX 50731

City WASHINGTON	State DC	Zip Code 20091
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00410068

Name of Employer	Occupation
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Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11C.117451**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 131		
	<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)  
**GENERAL DYNAMICS VOLUNTARY PAC**

Mailing Address 2941 FAIRVIEW PARK DR  
SUITE 100

City FALLS CHURCH	State VA	Zip Code 22042
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer	Occupation
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Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : SA11C.117434**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address PO BOX 28022

City WASHINGTON	State DC	Zip Code 20038
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00640664

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2017

**Transaction ID : SA11C.117227**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address PO BOX 28022

City WASHINGTON	State DC	Zip Code 20038
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00640664

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2017

**Transaction ID : SA11C.117228**

Amount of Each Receipt this Period  
2700.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	7900.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**HARRIS CORPORATION PAC**

Mailing Address 600 MARYLAND AVE SW STE. 850 E

City WASHINGTON	State DC	Zip Code 20024
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00100321

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2017

**Transaction ID : SA11C.117422**

Amount of Each Receipt this Period  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 1000.00

Memo Item

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

Mailing Address 1800 CENTER ST

City CAMP HILL	State PA	Zip Code 17089
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00302844

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2017

**Transaction ID : SA11C.117152**

Amount of Each Receipt this Period  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)**

Mailing Address 1101 PENNSYLVANIA AVENUE NW  
 SUITE 200

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2017

**Transaction ID : SA11C.117456**

Amount of Each Receipt this Period  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ , _____ , _____ 6000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____ , _____ , _____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**JACOBS GOOD GOVERNMENT FUND**

Mailing Address 1111 SO ARROYO PKWY

City PASADENA	State CA	Zip Code 91105
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00142299

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 27 / 2017

**Transaction ID : SA11C.117220**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**JETBLUE AIRWAYS CORPORATION CREWMEMBER GOOD GOVERNMENT FUND (JETBLUE PAC)**

Mailing Address 1212 NEW YORK AVE NW STE 1212

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00484584

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
12 / 11 / 2017

**Transaction ID : SA11C.117346**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**JONES WALKER L.L.P.**

Mailing Address 201 ST. CHARLES AVENUE  
49TH FLOOR

City NEW ORLEANS	State LA	Zip Code 70170
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00111534

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 01 / 2017

**Transaction ID : SA11C.117141**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 131		
	<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

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)  
**K&L GATES LLP PAC**

Mailing Address 1601 K STREET NW

City WASHINGTON	State DC	Zip Code 20006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00213173

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2017

**Transaction ID : SA11C.117044**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

Mailing Address 655 15TH ST NW  
SUITE 445

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2017

**Transaction ID : SA11C.117206**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

Memo Item

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

Mailing Address PO BOX 66338

City BATON ROUGE	State LA	Zip Code 70896
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00174599

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

**Transaction ID : SA11C.117347**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 5000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 131		
	<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

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)  
**LEIDOS INC. POLITICAL ACTION COMMITTEE**

Mailing Address 301 LABORATORY ROAD

City OAK RIDGE	State TN	Zip Code 37830
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00546234

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

**Transaction ID : SA11C.117336**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

Mailing Address 2121 CRYSTAL DRIVE - SUITE 100

City ARLINGTON	State VA	Zip Code 22202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2017

**Transaction ID : SA11C.117226**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MATSON, INC. FEDERAL ELECTION COMMITTEE**

Mailing Address 333 MARKET ST.

City SAN FRANCISCO	State CA	Zip Code 94105
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00024752

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

**Transaction ID : SA11C.117342**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 3000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 16011 NE 36TH WAY  
BOX 97017

City REDMOND	State WA	Zip Code 98073
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

**Transaction ID : SA11C.117460**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

Mailing Address 1600 DUKE ST

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
12 / 31 / 2017

**Transaction ID : SA11C.117457**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF LETTER CARRIERS OF U.S.A. POLITICAL FUND (LETTER CARRIER POLITICAL**

Mailing Address 100 INDIANA AVE., N. W.

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
12 / 11 / 2017

**Transaction ID : SA11C.117344**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	12000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Mailing Address 50 F STREET NW  
SUITE 900

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00002238

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : SA11C.117338**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL FUEL GAS FEDERAL PAC**

Mailing Address 6363 MAIN STREET

City WILLIAMSVILLE	State NY	Zip Code 14221
-----------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : SA11C.117353**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NETJETS ASSOCIATION OF SHARED AIRCRAFT PILOTS PAC; NJASAP PAC**

Mailing Address 2740 AIRPORT DRIVE  
SUITE 330

City COLUMBUS	State OH	Zip Code 43219
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00488262

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2017

**Transaction ID : SA11C.117146**

Amount of Each Receipt this Period  
1500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**NORTH SIDE GOOD GOVERNMENT**

Mailing Address 3400 WATER ST S

City PITTSBURGH	State PA	Zip Code 15203
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00295600

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2017

**Transaction ID : SA11C.117040**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2700.00

Memo Item

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

Mailing Address 2 W. LIBERTY BLVD.

City MALVERN	State PA	Zip Code 19355
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00562546

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2017

**Transaction ID : SA11C.117140**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**O'NEILL AND ASSOCIATES PAC**

Mailing Address 31 NEW CHARDON STREET

City BOSTON	State MA	Zip Code 02114
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00362210

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2017

**Transaction ID : SA11C.117144**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 4200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**OSHKOSH CORPORATION EMPLOYEES PAC**

Mailing Address PO BOX 2566

City OSHKOSH	State WI	Zip Code 54903
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00304477

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	11	/	2017

**Transaction ID : SA11C.117351**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**OUTBACK STEAKHOUSE INC (BLOOMIN' BRANDS) PAC**

Mailing Address 2202 WESTSHORE BLVD FL 5 N

City TAMPA	State FL	Zip Code 33607
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00253153

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	31	/	2017

**Transaction ID : SA11C.117440**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**OUTDOOR ADVERTISING ASSOC OF AMERICA PAC**

Mailing Address 1850 M ST NW  
SUITE 1040

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00045781

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	11	/	2017

**Transaction ID : SA11C.117327**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**OUTFRONT MEDIA INC PAC**

Mailing Address 2350 KERNER BLVD STE. 250

City SAN RAFAEL	State CA	Zip Code 94901
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00571414

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

**Transaction ID : SA11C.117334**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**PEPSICO CONCERNED CITIZENS FUND**

Mailing Address 700 ANDERSON HILL RD

City PURCHASE	State NY	Zip Code 10577
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00039321

Name of Employer	Occupation
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Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2017

**Transaction ID : SA11C.117439**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**PHYSICAL THERAPY ASSOC. PAC (PTPAC)**

Mailing Address 1111 FAIRFAX ST N

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2017

**Transaction ID : SA11C.117221**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 5000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**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: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2017

**Transaction ID : SA11C.117295**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**PROCTER GAMBLE CO GOOD GOVT**

Mailing Address 1 PROCTER GAMBLE PLAZA

City CINCINNATI	State OH	Zip Code 45202
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00257329

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

**Transaction ID : SA11C.117332**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

Mailing Address 430 MICHIGAN AVE N

City CHICAGO	State IL	Zip Code 60611
-----------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2017

**Transaction ID : SA11C.117441**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 4000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Mailing Address C/O G&A;W 2201 WISCONSIN AVE., N  
SUITE 320

City WASHINGTON	State DC	Zip Code 20007
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11C.117477**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1700 N. MOORE STREET  
SUITE 2250

City ARLINGTON	State VA	Zip Code 22209
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00112763

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : SA11C.117348**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 325 7TH ST NW  
LIBERTY PLACE SUITE 1100

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00040329

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11C.117452**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**ROCKTENN POLITICAL ACTION COMMITTEE**

Mailing Address 504 THRASHER STREET

City NORCROSS	State GA	Zip Code 30071
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00117424

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

**Transaction ID : SA11C.117355**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ROCKWELL COLLINS EMPLOYEE PAC**

Mailing Address 1300 WILSON BLVD. STE. 200

City ARLINGTON	State VA	Zip Code 22209
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00365684

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

**Transaction ID : SA11C.117350**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SAFEWAY INC. POLITICAL ACTION COMMITTEE (SAFEWAY PAC)**

Mailing Address 11555 DUBLIN CANYON ROAD

City PLEASANTON	State CA	Zip Code 94588
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00194084

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2017

**Transaction ID : SA11C.117430**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 6000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**SAIC VOLUNTARY PAC**

Mailing Address 2111 WILSON BOULEVARD  
SUITE 1110

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00300418

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2017

**Transaction ID : SA11C.117429**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 300 NEW JERSEY AVENUE, NW  
SUITE 1000

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00353797

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2017

**Transaction ID : SA11C.117145**

Amount of Each Receipt this Period  
1500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**THE BOEING COMPANY PAC**

Mailing Address 929 LONG BRIDGE DR

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 27 / 2017

**Transaction ID : SA11C.117219**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**THE BOEING COMPANY PAC**

Mailing Address 929 LONG BRIDGE DR

City ARLINGTON	State VA	Zip Code 22209
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2017

**Transaction ID : SA11C.117366**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**THE COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT**

Mailing Address PO BOX 1734

City ATLANTA	State GA	Zip Code 30301
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00012468

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2017

**Transaction ID : SA11C.117437**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

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

Mailing Address 1014 VINE STREET, 6TH FLOOR

City CINCINNATI	State OH	Zip Code 45202
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00059238

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2017

**Transaction ID : SA11C.117438**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 3000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** 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: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2017

**Transaction ID : SA11C.117459**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**UNITED MINE WORKERS OF AMERICA - COAL MINERS POLITICAL ACTION COMMITTEE**

Mailing Address 18354 QUANTICO GATEWAY DR  
SUITE 200

City TRIANGLE	State VA	Zip Code 22172
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00013342

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2017

**Transaction ID : SA11C.117431**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**UNITED TECHNOLOGIES CORP PAC**

Mailing Address 1101 PENNSYLVANIA AVE NW 10TH FLOOR

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer	Occupation
------------------	------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2017

**Transaction ID : SA11C.117330**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 4000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 131	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**VERIZON COMMUNICATION INC GOOD GOVT**

Mailing Address 1300 I ST NW  
SUITE 400 W

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : SA11C.117329**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 702 8TH ST SW

City BENTONVILLE State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2017

**Transaction ID : SA11C.117328**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**WALMART STORES INC. PAC**

Mailing Address 702 8TH ST SW

City BENTONVILLE State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

**Transaction ID : SA11C.117458**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	171600.00

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

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

FOR LINE NUMBER: PAGE 59 OF 131  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**ATLANTIC BROADBAND**

Mailing Address BOX 371801

City PITTSBURGH State PA Zip Code 15250

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

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1239.61

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2017

Transaction ID : SA14.117222

Amount of Each Receipt this Period  
451.12

Memo Item  
REFUND

**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

Memo Item

**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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	451.12
<b>TOTAL</b> This Period (last page this line number only).....▶	451.12

**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 60 OF 131	
	<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. 814 CONSULTING LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2017	
Mailing Address 5827 COLFAX AVE.				
City ALEXANDRIA	State VA	Zip Code 22311	FEC Identification Number C	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001	Amount of Each Disbursement this Period 10201.79	
Candidate Name		Transaction ID : SB17.117007		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: _____ District: _____				

Full Name (Last, First, Middle Initial) <b>B. 814 CONSULTING LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017	
Mailing Address 5827 COLFAX AVE.				
City ALEXANDRIA	State VA	Zip Code 22311	FEC Identification Number C	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001	Amount of Each Disbursement this Period 19689.10	
Candidate Name		Transaction ID : SB17.117370		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: _____ District: _____				

Full Name (Last, First, Middle Initial) <b>C. ADP</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2017	
Mailing Address 1 ADP BLVD				
City ROSELAND	State NJ	Zip Code 07068	FEC Identification Number C	
Purpose of Disbursement PAYROLL SERVICE FEES		Category/ Type 001	Amount of Each Disbursement this Period 132.44	
Candidate Name		Transaction ID : SB17.116888		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: _____ District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30023.33
<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 61 OF 131			
	<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
Mailing Address 1 ADP BLVD		M M / D D / Y Y Y Y 10 / 27 / 2017
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement PAYROLL SERVICE FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 14.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.117059 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		Date of Disbursement
Mailing Address 1 ADP BLVD		M M / D D / Y Y Y Y 10 / 30 / 2017
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement PAYROLL TAXES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1026.96
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:	Transaction ID : SB17.117067 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		Date of Disbursement
Mailing Address 1 ADP BLVD		M M / D D / Y Y Y Y 11 / 03 / 2017
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement PAYROLL SERVICE FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 126.41
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:	Transaction ID : SB17.117063 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1167.37
<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 62 OF 131			
	<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 11 / 17 / 2017		
Mailing Address 1 ADP BLVD			FEC Identification Number C		
City ROSELAND	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 14.00		
Purpose of Disbursement PAYROLL SERVICE FEES		Category/ Type 001	Transaction ID : SB17.117203		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. ADP</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address 1 ADP BLVD			FEC Identification Number C		
City ROSELAND	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 1026.99		
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001	Transaction ID : SB17.117290		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. ADP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2017		
Mailing Address 1 ADP BLVD			FEC Identification Number C		
City ROSELAND	State NJ	Zip Code 07068	Amount of Each Disbursement this Period 126.41		
Purpose of Disbursement PAYROLL SERVICE FEES		Category/ Type 001	Transaction ID : SB17.117287		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1167.40
<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 63 OF 131	
	<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 / 29 / 2017
Mailing Address 1 ADP BLVD		FEC Identification Number C
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement PAYROLL TAXES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1026.81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2017
Mailing Address 1 ADP BLVD		FEC Identification Number C
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement PAYROLL SERVICE FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 14.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ALTOONA GRAND HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address 1 SHERATON DR.		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16601
Purpose of Disbursement EVENT SPONSORSHIP	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 125.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1165.81
<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 64 OF 131			
	<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 10 / 02 / 2017		
Mailing Address PO BOX 1270			FEC Identification Number C		
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 7.95		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.117003		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2017		
Mailing Address PO BOX 1270			FEC Identification Number C		
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 87.15		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.117004		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address PO BOX 1270			FEC Identification Number C		
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 1491.92		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117095		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1587.02
<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 65 OF 131	
	<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. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address 300 FIRST STREET SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement MEETING EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 69.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. REAGAN NATIONAL AIRPORT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address 1 AVIATION CIRCLE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 212.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address 1600 AMPHITHEATRE PKWY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement WEB SERVICES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 75.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<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 66 OF 131	
	<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. LE MONTROSE SUITE HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017	
Mailing Address 900 HAMMOND ST			FEC Identification Number C	
City WEST HOLLYWOOD	State CA	Zip Code 90069	Amount of Each Disbursement this Period 697.73	
Purpose of Disbursement LODGING		Category/ Type 001	Transaction ID : SB17.117100	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. INTELIUS.COM</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017	
Mailing Address 500 108TH AVE NE 22NF FL			FEC Identification Number C	
City BELLEVUE	State WA	Zip Code 98004	Amount of Each Disbursement this Period 19.95	
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.117101	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. SCHNEIDERS OF CAPITOL HILL</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017	
Mailing Address 300 MASSACHUSETTS AVENUE NE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 408.94	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.117102	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<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 67 OF 131			
	<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 10 / 30 / 2017		
Mailing Address PO BOX 1270			FEC Identification Number C		
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 8092.31		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117103		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address PO BOX 619612 MD 2400			FEC Identification Number C		
City DALLAS	State TX	Zip Code 75261	Amount of Each Disbursement this Period 159.20		
Purpose of Disbursement AIRFARE		Category/ Type 001	Transaction ID : SB17.117104		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. ARTISAN AT THE DELAMAR HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address 275 OLD POST ROAD			FEC Identification Number C		
City SOUTHPORT	State CT	Zip Code 06890	Amount of Each Disbursement this Period 226.08		
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117105		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8092.31
<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 68 OF 131	
	<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. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address PO BOX 9001309		FEC Identification Number C
City LOUISVILLE	State KY	Zip Code 40290
Purpose of Disbursement TELEPHONE	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 50.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.117106 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. DUNKIN DONUTS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address 3132 PLEASANT VALLEY BLVD		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement MEETING EXPENSE	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 3.61
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:	Transaction ID : SB17.117108 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CAPITAL GRILLE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address 601 PENNSYLVANIA AVE. NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement MEETING EXPENSE	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 56.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.117109 <input checked="" type="checkbox"/> Memo Item	

<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 69 OF 131	
	<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. DELAMAR HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017	
Mailing Address 1 MEMORIAL ROAD			FEC Identification Number C	
City WEST HARTFORD	State CT	Zip Code 06107	Amount of Each Disbursement this Period 319.03	
Purpose of Disbursement LODGING		Category/ Type 001	Transaction ID : SB17.117110	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. DELTA AIR LINES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017	
Mailing Address 1030 DELTA BOULEVARD			FEC Identification Number C	
City ATLANTA	State GA	Zip Code 30320	Amount of Each Disbursement this Period 549.20	
Purpose of Disbursement AIRFARE		Category/ Type 001	Transaction ID : SB17.117111	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. THE EVELEIGH</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017	
Mailing Address 8752 SUNSET BLVD			FEC Identification Number C	
City WEST HOLLYWOOD	State CA	Zip Code 90069	Amount of Each Disbursement this Period 420.00	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.117113	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<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 70 OF 131	
	<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. EXXON</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address 542 SOUTH CENTER STREET		FEC Identification Number C
City EBENSBURG	State PA	Zip Code 15931
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 42.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. GO BOSTON SHUTTLE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address PO BOX 1197		FEC Identification Number C
City CONCORD	State MA	Zip Code 01742
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 332.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. LE MONTROSE SUITE HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address 900 HAMMOND ST		FEC Identification Number C
City WEST HOLLYWOOD	State CA	Zip Code 90069
Purpose of Disbursement EVENT CATERING	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1495.12
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<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 71 OF 131			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. LENA'S CAFE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address 2000 EIGHTH AVENUE			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 188.00		
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117118		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. MADDIE LOU BBQ</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address 9490 LINCOLN HWY			FEC Identification Number C		
City BEDFORD	State PA	Zip Code 15522	Amount of Each Disbursement this Period 133.03		
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117119		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. MCDONALD'S</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address 10525 SHARPSBURG PIKE			FEC Identification Number C		
City HAGERSTOWN	State MD	Zip Code 21740	Amount of Each Disbursement this Period 9.88		
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117120		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<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 72 OF 131	
	<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. PLAN B BURGER BAR</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address 1530 14TH STREET NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement MEETING EXPENSE	Category/ Type 001	Amount of Each Disbursement this Period 24.00
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:	Transaction ID : SB17.117122 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. SHEETZ INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address 5700 SIXTH AVENUE		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type 001	Amount of Each Disbursement this Period 78.49
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:	Transaction ID : SB17.117127 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. STELLA HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address 4100 LAKE ATLAS DR		FEC Identification Number C
City BRYAN	State TX	Zip Code 77807
Purpose of Disbursement LODGING	Category/ Type 001	Amount of Each Disbursement this Period 880.15
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:	Transaction ID : SB17.117129 <input checked="" type="checkbox"/> Memo Item	

<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 73 OF 131			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. GOODWIN HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address 1 HAYNES ST			FEC Identification Number C		
City HARTFORD	State CT	Zip Code 06103	Amount of Each Disbursement this Period 838.55		
Purpose of Disbursement LODGING		Category/ Type 001	Transaction ID : SB17.117130		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. THE TUMI STORE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address 1051 H STREET NW STE 208			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Disbursement this Period 343.69		
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.117131		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. TRUMBULL KITCHEN</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address 150 TRUMBULL ST			FEC Identification Number C		
City HARTFORD	State CT	Zip Code 06103	Amount of Each Disbursement this Period 724.57		
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.117132		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<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 74 OF 131	
	<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. UBER TECHNOLOGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017	
Mailing Address 800 MARKET STREET 7TH FLOOR			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94115	Amount of Each Disbursement this Period 33.45	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.117133	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017	
Mailing Address 1200 E ALGONQUIN ROAD			FEC Identification Number C	
City ELK GROVE VILLAGE	State IL	Zip Code 60007	Amount of Each Disbursement this Period 559.35	
Purpose of Disbursement AIRFARE		Category/ Type 001	Transaction ID : SB17.117134	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. WEIS MARKETS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017	
Mailing Address 601 PLEASANT VALLEY BLVD			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 94.46	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117135	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<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 75 OF 131			
	<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 / 01 / 2017		
Mailing Address PO BOX 1270			FEC Identification Number C		
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 7.95		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.117179		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2017		
Mailing Address PO BOX 1270			FEC Identification Number C		
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 14.60		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.117180		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address PO BOX 1270			FEC Identification Number C		
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 2783.33		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117229		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2805.88
<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 76 OF 131			
	<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. APPLE STORE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address 1100 S HAYES STREET LOT P04-A			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22202	Amount of Each Disbursement this Period 1173.91		
Purpose of Disbursement OFFICE EQUIPMENT		Category/ Type 001	Transaction ID : SB17.117230		
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. CAPITOL HILL CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address 300 FIRST STREET SE			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 317.00		
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.117232		
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. CF FOLKS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address 1225 19TH ST. NW			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20036	Amount of Each Disbursement this Period 759.83		
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.117233		
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<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 77 OF 131	
	<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. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017
Mailing Address 1600 AMPHITHEATRE PKWY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement WEB SERVICES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 75.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.117234 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. INTELIUS.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017
Mailing Address 500 108TH AVE NE 22NF FL		FEC Identification Number C
City BELLEVUE	State WA	Zip Code 98004
Purpose of Disbursement SOFTWARE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 19.95
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:	Transaction ID : SB17.117235 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. NORTON SECURITY</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017
Mailing Address 350 ELLIS STREET		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SOFTWARE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 89.99
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:	Transaction ID : SB17.117236 <input checked="" type="checkbox"/> Memo Item	

<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 78 OF 131	
	<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. PTC EZ PASS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017	
Mailing Address 7631 DERRY STREET			FEC Identification Number C	
City HARRISBURG	State PA	Zip Code 17111	Amount of Each Disbursement this Period 35.00	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.117237	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. SCHNEIDERS OF CAPITOL HILL</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017	
Mailing Address 300 MASSACHUSETTS AVENUE NE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 199.24	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.117238	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. WAL-MART</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017	
Mailing Address 702 SW 8TH ST			FEC Identification Number C	
City BENTONVILLE	State AR	Zip Code 72716	Amount of Each Disbursement this Period 25.26	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : SB17.117239	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<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 79 OF 131			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address PO BOX 1270			FEC Identification Number C		
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 25272.49		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117240		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. ACCURATE WORD LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address 4481 WHITE PLAINS LANE			FEC Identification Number C		
City WHITE PLAINS	State MD	Zip Code 20695	Amount of Each Disbursement this Period 280.80		
Purpose of Disbursement PRINTING		Category/ Type 001	Transaction ID : SB17.117241		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. ACQUA AL 2</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address 212 7TH STREET SOUTHEAST			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 1263.68		
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.117243		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	25272.49
<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 80 OF 131			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address PO BOX 9001309			FEC Identification Number C		
City LOUISVILLE	State KY	Zip Code 40290	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.117244		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. CAPITAL GRILLE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address 601 PENNSYLVANIA AVE. NW			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Disbursement this Period 121.00		
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117246		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. DUNKIN DONUTS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address 3132 PLEASANT VALLEY BLVD			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 17.66		
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117248		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<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 81 OF 131			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. EXXON</b>		Date of Disbursement
Mailing Address 542 SOUTH CENTER STREET		M M / D D / Y Y Y Y 11 / 30 / 2017
City EBENSBURG	State PA	Zip Code 15931
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	63.31
State: District:	Transaction ID : SB17.117249	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. HILTON HOTEL</b>		Date of Disbursement
Mailing Address 1870 GRIFFIN ROAD		M M / D D / Y Y Y Y 11 / 30 / 2017
City DANIA	State FL	Zip Code 33004
Purpose of Disbursement LODGING	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1062.02
State: District:	Transaction ID : SB17.117251	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. MCDONALD'S</b>		Date of Disbursement
Mailing Address 10525 SHARPSBURG PIKE		M M / D D / Y Y Y Y 11 / 30 / 2017
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement MEETING EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	17.20
State: District:	Transaction ID : SB17.117253	
		<input checked="" type="checkbox"/> Memo Item

<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 82 OF 131			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. NOBU</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address 2525 M STREET NW			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20037	Amount of Each Disbursement this Period 772.50		
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.117256		
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. PLAN B BURGER BAR</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address 1530 14TH STREET NW			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Disbursement this Period 15.00		
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117258		
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. RED LIGHT</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address 1401 R STREET NW			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20009	Amount of Each Disbursement this Period 313.20		
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.117259		
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<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 83 OF 131	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017	
Mailing Address PO BOX 1270			FEC Identification Number C	
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 550.00	
Purpose of Disbursement MEMBERSHIP DUES		Category/ Type 001	Transaction ID : SB17.117260	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. SHEETZ INC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017	
Mailing Address 5700 SIXTH AVENUE			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 109.46	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.117262	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. THE TUMI STORE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017	
Mailing Address 1051 H STREET NW STE 208			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Disbursement this Period - 317.25	
Purpose of Disbursement REFUND		Category/ Type 001	Transaction ID : SB17.117264	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<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 84 OF 131	
	<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. TRUMP INTERNATIONAL HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017
Mailing Address 1100 PENNSYLVANIA AVE NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement EVENT FACILITY RENTAL/CATERING	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 19571.91
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. UBER TECHNOLOGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017
Mailing Address 800 MARKET STREET 7TH FLOOR		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94115
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 150.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. WARWICK HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017
Mailing Address 401 LENORA ST		FEC Identification Number C
City SEATTLE	State WA	Zip Code 98121
Purpose of Disbursement LODGING	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 282.90
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<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 85 OF 131			
	<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 12 / 01 / 2017	
Mailing Address PO BOX 1270			FEC Identification Number C	
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 7.95	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.117292	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2017	
Mailing Address PO BOX 1270			FEC Identification Number C	
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 29.05	
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.117303	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017	
Mailing Address PO BOX 1270			FEC Identification Number C	
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 2157.06	
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117372	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2194.06
<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 86 OF 131	
	<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. CAPITOL HILL CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017	
Mailing Address 300 FIRST STREET SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 119.50	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117373	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. DUNKIN DONUTS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017	
Mailing Address 3132 PLEASANT VALLEY BLVD			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 167.95	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117375	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. DOUBLETREE HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017	
Mailing Address 11915 EL CAMINO REAL			FEC Identification Number C	
City SAN DIEGO	State CA	Zip Code 92130	Amount of Each Disbursement this Period 1389.94	
Purpose of Disbursement EVENT FACILITY RENTAL/CATERING		Category/ Type 001	Transaction ID : SB17.117376	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<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 87 OF 131	
	<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. EXXON</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017
Mailing Address 542 SOUTH CENTER STREET		FEC Identification Number C
City EBENSBURG	State PA	Zip Code 15931
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 49.73
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:	Transaction ID : SB17.117377 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017
Mailing Address 1600 AMPHITHEATRE PKWY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement WEB SERVICES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 79.50
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:	Transaction ID : SB17.117378 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. INTELIUS.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017
Mailing Address 500 108TH AVE NE 22NF FL		FEC Identification Number C
City BELLEVUE	State WA	Zip Code 98004
Purpose of Disbursement SOFTWARE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 19.95
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:	Transaction ID : SB17.117379 <input checked="" type="checkbox"/> Memo Item	

<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 88 OF 131	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. LEXINGTON BRASS CORP.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017	
Mailing Address PO BOX 597			FEC Identification Number C	
City SAYVILLE	State NY	Zip Code 11782	Amount of Each Disbursement this Period 276.95	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117380	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017	
Mailing Address PO BOX 1270			FEC Identification Number C	
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 4891.68	
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117382	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ACQUA AL 2</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017	
Mailing Address 212 7TH STREET SOUTHEAST			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 1862.88	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.117383	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4891.68
<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 89 OF 131	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017	
Mailing Address PO BOX 619612 MD 2400			FEC Identification Number C	
City DALLAS	State TX	Zip Code 75261	Amount of Each Disbursement this Period 358.40	
Purpose of Disbursement AIRFARE		Category/ Type 001	Transaction ID : SB17.117384	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017	
Mailing Address PO BOX 9001309			FEC Identification Number C	
City LOUISVILLE	State KY	Zip Code 40290	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.117385	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. EXXON</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017	
Mailing Address 542 SOUTH CENTER STREET			FEC Identification Number C	
City EBENSBURG	State PA	Zip Code 15931	Amount of Each Disbursement this Period 76.77	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.117389	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<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 90 OF 131			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. MCDONALD'S</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017		
Mailing Address 10525 SHARPSBURG PIKE			FEC Identification Number C		
City HAGERSTOWN	State MD	Zip Code 21740	Amount of Each Disbursement this Period 11.37		
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117391		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. MARRIOTT HOTELS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017		
Mailing Address 10400 FERNWOOD ROAD			FEC Identification Number C		
City BETHESDA	State MD	Zip Code 20817	Amount of Each Disbursement this Period 835.00		
Purpose of Disbursement EVENT FACILITY RENTAL		Category/ Type 001	Transaction ID : SB17.117392		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. POTBELLY</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017		
Mailing Address 1275 1ST STREET NE BLD 1 STE. J			FEC Identification Number C		
City WASHINTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 134.97		
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117395		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<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 91 OF 131			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. SAZIO EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017		
Mailing Address 1136 E ATLANTIC AVE			FEC Identification Number C		
City DELRAY BEACH	State FL	Zip Code 33483	Amount of Each Disbursement this Period 243.19		
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117396		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. SCHNEIDERS OF CAPITOL HILL</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017		
Mailing Address 300 MASSACHUSETTS AVENUE NE			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20002	Amount of Each Disbursement this Period 125.38		
Purpose of Disbursement EVENT BEVERAGES		Category/ Type 001	Transaction ID : SB17.117397		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. SEI RESTAURANT</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017		
Mailing Address 444 7TH STREET NW			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Disbursement this Period 104.00		
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117398		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<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 92 OF 131	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. SHEETZ INC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017	
Mailing Address 5700 SIXTH AVENUE			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 16.00	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.117399	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. SHELL OIL</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017	
Mailing Address 10524 SHARPSBURG PIKE			FEC Identification Number C	
City HAGERSTOWN	State MD	Zip Code 21740	Amount of Each Disbursement this Period 11.80	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.117400	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. THE NATIONAL</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017	
Mailing Address 557 LEXINGTON AVENUE			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10022	Amount of Each Disbursement this Period 325.00	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117401	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<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 93 OF 131			
	<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 OLD EBBITT GRILL</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017		
Mailing Address 675 15TH STREET NW			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Disbursement this Period 260.00		
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117402		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. UBER TECHNOLOGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017		
Mailing Address 800 MARKET STREET 7TH FLOOR			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94115	Amount of Each Disbursement this Period 38.53		
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.117405		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. ANEDOT</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2017		
Mailing Address 5555 HILTON STE 106			FEC Identification Number C		
City BATON ROUGE	State LA	Zip Code 70808	Amount of Each Disbursement this Period 83.85		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.117011		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	83.85
<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 94 OF 131			
	<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. BEDFORD CO REPUBLICAN COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2017		
Mailing Address 157 EAST FIRST AVENUE			FEC Identification Number C		
City EVERETT	State PA	Zip Code 15537	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement EVENT TICKETS		Category/ Type 001	Transaction ID : SB17.117014		
Candidate Name BEDFORD CO REPUBLICAN COMMITTEE		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. BENZELS BRETZEL BAKERY</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address 5200 SIXTH AVENUE			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117069		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. BENZELS BRETZEL BAKERY</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address 5200 SIXTH AVENUE			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 75.00		
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117274		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	625.00
<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 95 OF 131			
	<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. BERKE FARAH LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2017		
Mailing Address 2101 L STREET NW STE. 1000			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20037	Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement LEGAL FEES		Category/ Type 001	Transaction ID : SB17.117015		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. BERKE FARAH LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2017		
Mailing Address 2101 L STREET NW STE. 1000			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20037	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement LEGAL FEES		Category/ Type 001	Transaction ID : SB17.117182		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. BERKE FARAH LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2017		
Mailing Address 2101 L STREET NW STE. 1000			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20037	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement LEGAL FEES		Category/ Type 001	Transaction ID : SB17.117306		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<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 96 OF 131			
	<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 CO CHAMBER OF COMMERCE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2017
Mailing Address 3900 INDUSTRIAL PARK DRIVE SUITE 12		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement EVENT SPONSORSHIP	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 200.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BLAIR CO REPUBLICAN COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2017
Mailing Address C/O BETH BRITZ 1009 NEWRY LANE		FEC Identification Number C
City DUNCANSVILLE	State PA	Zip Code 16635
Purpose of Disbursement EVENT SPONSORSHIP	Category/Type 001	
Candidate Name <b>BLAIR CO REPUBLICAN COMMITTEE</b>		Amount of Each Disbursement this Period 200.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BLAIR CO REPUBLICAN COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2017
Mailing Address C/O BETH BRITZ 1009 NEWRY LANE		FEC Identification Number C
City DUNCANSVILLE	State PA	Zip Code 16635
Purpose of Disbursement OFFICE RENT	Category/Type 001	
Candidate Name <b>BLAIR CO REPUBLICAN COMMITTEE</b>		Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	900.00
<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 97 OF 131	
	<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. BULL, NANCY, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017
Mailing Address 322 RIDGE AVENUE		FEC Identification Number C
City WAYNESBORO	State PA	Zip Code 17268
Purpose of Disbursement OFFICE SUPPLIES-NO ITEMIZATION NECESSARY		001
Candidate Name		Amount of Each Disbursement this Period 52.42
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) ▼	Transaction ID : SB17.117281
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. BULL, NANCY, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2017
Mailing Address 322 RIDGE AVENUE		FEC Identification Number C
City WAYNESBORO	State PA	Zip Code 17268
Purpose of Disbursement SEE MEMO		001
Candidate Name		Amount of Each Disbursement this Period 401.07
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) ▼	Transaction ID : SB17.117312
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2017
Mailing Address 400 N CAPITOL STREET NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement TRAVEL EXPENSE		001
Candidate Name		Amount of Each Disbursement this Period 165.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.117313
State: District:		<input checked="" type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	453.49
<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 98 OF 131			
	<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 SMITH</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2017		
Mailing Address 956 2ND AVE			FEC Identification Number C		
City NEW YORK	State NY	Zip Code 10003	Amount of Each Disbursement this Period 140.31		
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117314		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. BULL, NANCY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2017		
Mailing Address 322 RIDGE AVENUE			FEC Identification Number C		
City WAYNESBORO	State PA	Zip Code 17268	Amount of Each Disbursement this Period 95.76		
Purpose of Disbursement MILEAGE		Category/ Type 001	Transaction ID : SB17.117315		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address 300 FIRST STREET SE			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 513.34		
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.117070		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	513.34
<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 99 OF 131			
	<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. CAPITOL HILL CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address 300 FIRST STREET SE			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 765.88		
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.117276		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. CENTRAL BLAIR RECREATION COMMISSION</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2017		
Mailing Address 2101 FIFTH AVENUE			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 150.00		
Purpose of Disbursement EVENT TICKETS		Category/ Type 001	Transaction ID : SB17.117307		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2017		
Mailing Address 1593 SPRING HILL ROAD SUITE 400			FEC Identification Number C		
City TYSONS CORNER	State VA	Zip Code 22182	Amount of Each Disbursement this Period 38.20		
Purpose of Disbursement CC TRANSACTION FEES		Category/ Type 001	Transaction ID : SB17.117005		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	954.08
<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 100 OF 131			
	<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**

**A. CMDI**

Full Name (Last, First, Middle Initial)  
Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CC TRANSACTION FEES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 12 / 2017

FEC Identification Number C

Amount of Each Disbursement this Period 5.30

Transaction ID : SB17.117035

Memo Item

**B. CMDI**

Full Name (Last, First, Middle Initial)  
Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CC TRANSACTION FEES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 10 / 26 / 2017

FEC Identification Number C

Amount of Each Disbursement this Period 19.80

Transaction ID : SB17.117062

Memo Item

**C. CMDI**

Full Name (Last, First, Middle Initial)  
Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CC TRANSACTION FEES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 11 / 09 / 2017

FEC Identification Number C

Amount of Each Disbursement this Period 10.30

Transaction ID : SB17.117200

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 35.40

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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

**A. CMDI**

Full Name (Last, First, Middle Initial)  
Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER    State VA    Zip Code 22182

Purpose of Disbursement CC TRANSACTION FEES     001    Category/Type

Candidate Name

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

State:    District:

Date of Disbursement: 11 / 24 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 39.30

Transaction ID : SB17.117225

Memo Item

**B. CMDI**

Full Name (Last, First, Middle Initial)  
Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER    State VA    Zip Code 22182

Purpose of Disbursement CC TRANSACTION FEES     001    Category/Type

Candidate Name

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

State:    District:

Date of Disbursement: 12 / 14 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 22.60

Transaction ID : SB17.117368

Memo Item

**C. ELECTEKUSA**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 23715

City CHAGRIN FALLS    State OH    Zip Code 44023

Purpose of Disbursement SOFTWARE     001    Category/Type

Candidate Name

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

State:    District:

Date of Disbursement: 10 / 10 / 2017

FEC Identification Number: C

Amount of Each Disbursement this Period: 800.00

Transaction ID : SB17.117017

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 861.90

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 131			
	<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. ELECTEKUSA</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2017		
Mailing Address PO BOX 23715			FEC Identification Number C		
City CHAGRIN FALLS	State OH	Zip Code 44023	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.117183		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. ELECTEKUSA</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2017		
Mailing Address PO BOX 23715			FEC Identification Number C		
City CHAGRIN FALLS	State OH	Zip Code 44023	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.117296		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. FIRST COMMONWEALTH BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address CREDIT CARD DEPT PO BOX 0537			FEC Identification Number C		
City INDIANA	State PA	Zip Code 15701	Amount of Each Disbursement this Period 301.15		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117074		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1901.15
<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 103 OF 131	
	<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. PTC EZ PASS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address 7631 DERRY STREET		FEC Identification Number C
City HARRISBURG	State PA	Zip Code 17111
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 35.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.117076 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. SHEETZ INC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address 5700 SIXTH AVENUE		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 50.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.117077 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. MARZONI'S</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address 165 PATCHWAY ROAD		FEC Identification Number C
City DUNCANSVILLE	State PA	Zip Code 16635
Purpose of Disbursement MEETING EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.117080 <input checked="" type="checkbox"/> Memo Item	

<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 104 OF 131	
	<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. EXXON</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address 542 SOUTH CENTER STREET		FEC Identification Number C
City EBENSBURG	State PA	Zip Code 15931
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 46.19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FIRST COMMONWEALTH BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2017
Mailing Address CREDIT CARD DEPT PO BOX 0537		FEC Identification Number C
City INDIANA	State PA	Zip Code 15701
Purpose of Disbursement SEE MEMO	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 195.46
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FIRST COMMONWEALTH BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2017
Mailing Address CREDIT CARD DEPT PO BOX 0537		FEC Identification Number C
City INDIANA	State PA	Zip Code 15701
Purpose of Disbursement REFUND	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period - 14.54
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	195.46
<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 105 OF 131	
	<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. TOM &amp; JOE'S RESTAURANT</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2017	
Mailing Address 1201 13TH AVE.			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16601	Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117211	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. WASHINGTON COURT HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2017	
Mailing Address 525 NEW JERSEY AVE. NW			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20001	Amount of Each Disbursement this Period 21.52	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117212	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FIELD &amp; STREAM</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2017	
Mailing Address 141 SIERRA DR			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16601	Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117213	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<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 106 OF 131	
	<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. FIRST COMMONWEALTH BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2017	
Mailing Address CREDIT CARD DEPT PO BOX 0537			FEC Identification Number C	
City INDIANA	State PA	Zip Code 15701	Amount of Each Disbursement this Period 37.47	
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117308	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. US HOTEL RESTAURANT</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2017	
Mailing Address 401 SOUTH JUNIATA STREET			FEC Identification Number C	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Amount of Each Disbursement this Period 36.82	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117309	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FIRST COMMONWEALTH BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2017	
Mailing Address CREDIT CARD DEPT PO BOX 0537			FEC Identification Number C	
City INDIANA	State PA	Zip Code 15701	Amount of Each Disbursement this Period 0.65	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : SB17.117310	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	37.47
<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 107 OF 131	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. FORD CREDIT</b>		Date of Disbursement
Mailing Address BOX 220564		M M / D D / Y Y Y Y 10 / 10 / 2017
City PITTSBURGH	State PA	Zip Code 15257
Purpose of Disbursement CAMPAIGN VEHICLE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.117018	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. FORD CREDIT</b>		Date of Disbursement
Mailing Address BOX 220564		M M / D D / Y Y Y Y 11 / 06 / 2017
City PITTSBURGH	State PA	Zip Code 15257
Purpose of Disbursement CAMPAIGN VEHICLE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.117184	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. FORD CREDIT</b>		Date of Disbursement
Mailing Address BOX 220564		M M / D D / Y Y Y Y 12 / 11 / 2017
City PITTSBURGH	State PA	Zip Code 15257
Purpose of Disbursement CAMPAIGN VEHICLE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.117311	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1733.52
<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 108 OF 131	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. GREATER WAYNESBORO CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2017	
Mailing Address 5 ROADSIDE AVENUE			FEC Identification Number C	
City WAYNESBORO	State PA	Zip Code 17268	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement EVENT TICKETS		Category/ Type 001	Transaction ID : SB17.117214	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. HARRY, ED, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017	
Mailing Address PO BOX 248			FEC Identification Number C	
City ORBISONIA	State PA	Zip Code 17243	Amount of Each Disbursement this Period 372.00	
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117072	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. HUNTINGDON CO. JR. LIVESTOCK</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017	
Mailing Address 6451 BETHEL RD			FEC Identification Number C	
City ALEXANDRIA	State PA	Zip Code 16611	Amount of Each Disbursement this Period 372.00	
Purpose of Disbursement EVENT SUPPLIES		Category/ Type 001	Transaction ID : SB17.117073	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	422.00
<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 109 OF 131			
	<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. HUNTINGDON COUNTY GOP</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2017		
Mailing Address PO BOX 61			FEC Identification Number C		
City HUNTINGDON	State PA	Zip Code 16652	Amount of Each Disbursement this Period 225.00		
Purpose of Disbursement EVENT TICKETS		Category/ Type 001	Transaction ID : SB17.117037		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. I360</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2017		
Mailing Address PO BOX 37046			FEC Identification Number C		
City BALTIMORE	State MD	Zip Code 21297	Amount of Each Disbursement this Period 150.00		
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.117371		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. INDIANA JR. LIVESTOCK SALE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address PO BOX 22			FEC Identification Number C		
City CLYMER	State PA	Zip Code 15728	Amount of Each Disbursement this Period 789.00		
Purpose of Disbursement EVENT SUPPLIES		Category/ Type 001	Transaction ID : SB17.117084		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1164.00
<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 110 OF 131			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. K&amp;L GATES, LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address 1601 K ST NW			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20006	Amount of Each Disbursement this Period 215.00		
Purpose of Disbursement EVENT FACILITY RENTAL		Category/ Type 001	Transaction ID : SB17.117085		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. MAVERICK FINANCE</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2017		
Mailing Address 403 N SECOND STREET 2ND FL			FEC Identification Number C		
City HARRISBURG	State PA	Zip Code 17101	Amount of Each Disbursement this Period 4000.00		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001	Transaction ID : SB17.117019		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. MAVERICK FINANCE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2017		
Mailing Address 403 N SECOND STREET 2ND FL			FEC Identification Number C		
City HARRISBURG	State PA	Zip Code 17101	Amount of Each Disbursement this Period 6086.24		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001	Transaction ID : SB17.117185		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10301.24
<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 111 OF 131	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. MAVERICK FINANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017
Mailing Address 403 N SECOND STREET 2ND FL		FEC Identification Number C
City HARRISBURG	State PA	Zip Code 17101
Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1549.51
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. MAVERICK FINANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2017
Mailing Address 403 N SECOND STREET 2ND FL		FEC Identification Number C
City HARRISBURG	State PA	Zip Code 17101
Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 4000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. MEARKLE, JENNIFER, , MS.,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017
Mailing Address 3022 BROAD AVE		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16601
Purpose of Disbursement STAFF SALARY	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 170.88
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5720.39
<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 112 OF 131	
	<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. MEARKLE, JENNIFER, , MS.,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017	
Mailing Address 3022 BROAD AVE			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16601	Amount of Each Disbursement this Period 170.88	
Purpose of Disbursement STAFF SALARY		Category/ Type 001	Transaction ID : SB17.117288	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MEARKLE, JENNIFER, , MS.,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2017	
Mailing Address 3022 BROAD AVE			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16601	Amount of Each Disbursement this Period 170.96	
Purpose of Disbursement STAFF SALARY		Category/ Type 001	Transaction ID : SB17.117444	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. OCCUPATIONAL SERVICES INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017	
Mailing Address 17 REDWOOD STREET			FEC Identification Number C	
City CHAMBERSBURG	State PA	Zip Code 17201	Amount of Each Disbursement this Period 11.02	
Purpose of Disbursement SHREDDING SERVICE		Category/ Type 001	Transaction ID : SB17.117284	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	352.86
<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 113 OF 131	
	<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. OSBAUGH, ROGER, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2017
Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205		FEC Identification Number C
City WAYNESBORO	State PA	Zip Code 17268
Purpose of Disbursement SEE MEMO	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 39.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. DOLLAR GENERAL</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2017
Mailing Address 904 BLAIR ST		FEC Identification Number C
City HOLLIDAYSBURG	State PA	Zip Code 16648
Purpose of Disbursement TELEPHONE	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 39.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. OSBAUGH, ROGER, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2017
Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205		FEC Identification Number C
City WAYNESBORO	State PA	Zip Code 17268
Purpose of Disbursement SEE MEMO	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 69.98
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	109.97
<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 114 OF 131			
	<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. DOLLAR GENERAL</b>		Date of Disbursement
Mailing Address 904 BLAIR ST		M M / D D / Y Y Y Y 11 / 06 / 2017
City HOLLIDAYSBURG	State PA	Zip Code 16648
Purpose of Disbursement TELEPHONE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	69.98
State: District:	Transaction ID : SB17.117187	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. OSBAUGH, ROGER, , ,</b>		Date of Disbursement
Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205		M M / D D / Y Y Y Y 11 / 13 / 2017
City WAYNESBORO	State PA	Zip Code 17268
Purpose of Disbursement SEE MEMO	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	19.99
State: District:	Transaction ID : SB17.117215	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. DOLLAR GENERAL</b>		Date of Disbursement
Mailing Address 904 BLAIR ST		M M / D D / Y Y Y Y 11 / 13 / 2017
City HOLLIDAYSBURG	State PA	Zip Code 16648
Purpose of Disbursement TELEPHONE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	19.99
State: District:	Transaction ID : SB17.117216	
		<input checked="" type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	19.99
<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 115 OF 131	
	<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. OSBAUGH, ROGER, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2017
Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205		FEC Identification Number C
City WAYNESBORO	State PA	Zip Code 17268
Purpose of Disbursement SEE MEMO	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 109.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. DOLLAR GENERAL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2017
Mailing Address 904 BLAIR ST		FEC Identification Number C
City HOLLIDAYSBURG	State PA	Zip Code 16648
Purpose of Disbursement TELEPHONE	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 109.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. OSBAUGH, ROGER, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2017
Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205		FEC Identification Number C
City WAYNESBORO	State PA	Zip Code 17268
Purpose of Disbursement SEE MEMO	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 29.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	139.96
<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 116 OF 131	
	<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. DOLLAR GENERAL</b>		Date of Disbursement
Mailing Address 904 BLAIR ST		M M / D D / Y Y Y Y 12 / 21 / 2017
City HOLLIDAYSBURG	State PA	Zip Code 16648
Purpose of Disbursement TELEPHONE	001	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 29.99
State: District:	Transaction ID : SB17.117416	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. PROFESSIONAL DATA SERVICES</b>		Date of Disbursement
Mailing Address 824 S MILLEDGE AVE STE 101		M M / D D / Y Y Y Y 10 / 30 / 2017
City ATHENS	State GA	Zip Code 30605
Purpose of Disbursement COMPLIANCE CONSULTING	001	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1721.81
State: District:	Transaction ID : SB17.117086	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. PROFESSIONAL DATA SERVICES</b>		Date of Disbursement
Mailing Address 824 S MILLEDGE AVE STE 101		M M / D D / Y Y Y Y 12 / 05 / 2017
City ATHENS	State GA	Zip Code 30605
Purpose of Disbursement COMPLIANCE CONSULTING	001	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1712.42
State: District:	Transaction ID : SB17.117298	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3434.23
<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 117 OF 131			
	<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. PROFESSIONAL DATA SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2017		
Mailing Address 824 S MILLEDGE AVE STE 101			FEC Identification Number C		
City ATHENS	State GA	Zip Code 30605	Amount of Each Disbursement this Period 1700.00		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type 001	Transaction ID : SB17.117414		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. RED MAVERICK MEDIA LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address 401 N. SECOND STREET			FEC Identification Number C		
City HARRISBURG	State PA	Zip Code 17101	Amount of Each Disbursement this Period 61.98		
Purpose of Disbursement DOMAIN RENEWALS		Category/ Type 001	Transaction ID : SB17.117087		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. S&amp;T BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2017		
Mailing Address 1100 LOGAN BLVD			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 80.00		
Purpose of Disbursement BANK FEES		Category/ Type 001	Transaction ID : SB17.117002		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1841.98
<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 118 OF 131	
	<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. S&amp;T BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2017	
Mailing Address 1100 LOGAN BLVD			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement BANK FEES		Category/ Type 001	Transaction ID : SB17.117009	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. S&amp;T BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2017	
Mailing Address 1100 LOGAN BLVD			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 80.00	
Purpose of Disbursement BANK FEES		Category/ Type 001	Transaction ID : SB17.117178	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. S&amp;T BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2017	
Mailing Address 1100 LOGAN BLVD			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement BANK FEES		Category/ Type 001	Transaction ID : SB17.117291	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	160.00
<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 119 OF 131			
	<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. S&amp;T BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2017		
Mailing Address 1100 LOGAN BLVD			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 30.00		
Purpose of Disbursement BANK FEES		Category/ Type 001	Transaction ID : SB17.117302		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. S&amp;T BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2017		
Mailing Address 1100 LOGAN BLVD			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 15.00		
Purpose of Disbursement BANK FEES		Category/ Type 001	Transaction ID : SB17.117449		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. SCR &amp; ASSOCIATES</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2017		
Mailing Address 100 TRADE CENTER STE G-700			FEC Identification Number C		
City WOBURN	State MA	Zip Code 01801	Amount of Each Disbursement this Period 2500.00		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001	Transaction ID : SB17.117034		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2545.00
<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 120 OF 131			
	<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 10 / 30 / 2017		
Mailing Address 715 LEXINGTON AVENUE			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16601	Amount of Each Disbursement this Period 827.41		
Purpose of Disbursement INSURANCE		Category/ Type 001	Transaction ID : SB17.117089		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. STATE FARM INSURANCE</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2017		
Mailing Address 715 LEXINGTON AVENUE			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16601	Amount of Each Disbursement this Period 970.88		
Purpose of Disbursement INSURANCE		Category/ Type 001	Transaction ID : SB17.117188		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. STATE FARM INSURANCE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2017		
Mailing Address 715 LEXINGTON AVENUE			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16601	Amount of Each Disbursement this Period 64.48		
Purpose of Disbursement INSURANCE		Category/ Type 001	Transaction ID : SB17.117417		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1862.77
<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 121 OF 131	
	<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. STRAESSER, WILLIAM, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2017	
Mailing Address PO BOX 1023			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16603	Amount of Each Disbursement this Period 1263.95	
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117022	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. STRAESSER, WILLIAM, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2017	
Mailing Address PO BOX 1023			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16603	Amount of Each Disbursement this Period 952.00	
Purpose of Disbursement MILEAGE		Category/ Type 001	Transaction ID : SB17.117023	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CRACKER BARREL</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2017	
Mailing Address 100 CHARLOTTE DRIVE			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 39.14	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117026	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1263.95
<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 122 OF 131			
	<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 10 / 10 / 2017		
Mailing Address PLANK ROAD/ORCHARD PLAZA			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 14.61		
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : SB17.117027		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. KTAADN GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2017		
Mailing Address 850 29TH STREET			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16601	Amount of Each Disbursement this Period 236.50		
Purpose of Disbursement OFFICE EQUIPMENT MAINTENANCE		Category/ Type 001	Transaction ID : SB17.117028		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. STRAESSER, WILLIAM, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address PO BOX 1023			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16603	Amount of Each Disbursement this Period 2621.84		
Purpose of Disbursement STAFF SALARY		Category/ Type 001	Transaction ID : SB17.117066		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2621.84
<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 123 OF 131			
	<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. STRAESSER, WILLIAM, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2017		
Mailing Address PO BOX 1023			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16603	Amount of Each Disbursement this Period 1170.72		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117189		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. STRAESSER, WILLIAM, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2017		
Mailing Address PO BOX 1023			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16603	Amount of Each Disbursement this Period 784.00		
Purpose of Disbursement MILEAGE		Category/ Type 001	Transaction ID : SB17.117190		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. KINGS FAMILY RESTAURANT</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2017		
Mailing Address 1180 NORTH CENTER AVENUE			FEC Identification Number C		
City SOMERSET	State PA	Zip Code 15501	Amount of Each Disbursement this Period 17.17		
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117191		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1170.72
<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 124 OF 131	
	<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**

**A. FIELD & STREAM**

Full Name (Last, First, Middle Initial)  
Mailing Address 141 SIERRA DR

City ALTOONA State PA Zip Code 16601

Purpose of Disbursement  
EVENT SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
11 / 06 / 2017

FEC Identification Number  
C

Amount of Each Disbursement this Period  
100.00

Transaction ID : SB17.117194

Memo Item

**B. STAPLES**

Full Name (Last, First, Middle Initial)  
Mailing Address PLANK ROAD/ORCHARD PLAZA

City ALTOONA State PA Zip Code 16602

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
11 / 06 / 2017

FEC Identification Number  
C

Amount of Each Disbursement this Period  
57.32

Transaction ID : SB17.117198

Memo Item

**C. STRAESSER, WILLIAM, , MR.,**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1023

City ALTOONA State PA Zip Code 16603

Purpose of Disbursement  
STAFF SALARY

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
11 / 30 / 2017

FEC Identification Number  
C

Amount of Each Disbursement this Period  
2621.81

Transaction ID : SB17.117289

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 2621.81

**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 125 OF 131			
	<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. STRAESSER, WILLIAM, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2017		
Mailing Address PO BOX 1023			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16603	Amount of Each Disbursement this Period 471.21		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117318		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. STRAESSER, WILLIAM, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2017		
Mailing Address PO BOX 1023			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16603	Amount of Each Disbursement this Period 229.60		
Purpose of Disbursement MILEAGE		Category/ Type 001	Transaction ID : SB17.117319		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. JETHROS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2017		
Mailing Address 417 PARKVIEW LANE			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16601	Amount of Each Disbursement this Period 28.46		
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117322		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	471.21
<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 126 OF 131			
	<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. STRAESSER, WILLIAM, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2017		
Mailing Address PO BOX 1023			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16603	Amount of Each Disbursement this Period 2621.91		
Purpose of Disbursement STAFF SALARY		Category/ Type 001	Transaction ID : SB17.117445		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. THE DUQUESNE CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address 325 6TH AVE			FEC Identification Number C		
City PITTSBURGH	State PA	Zip Code 15222	Amount of Each Disbursement this Period 2366.08		
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.117071		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. THE JOSEPH F. BIDDLE PUBLISHING CO</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address THE DAILY NEWS/THE DAILY HERALD PO BOX 384			FEC Identification Number C		
City HUNTINGDON	State PA	Zip Code 16652	Amount of Each Disbursement this Period 175.00		
Purpose of Disbursement ADVERTISING		Category/ Type 001	Transaction ID : SB17.117090		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5162.99
<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 127 OF 131	
	<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 JOSEPH F. BIDDLE PUBLISHING CO</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2017	
Mailing Address THE DAILY NEWS/THE DAILY HERALD PO BOX 384			FEC Identification Number C	
City HUNTINGDON	State PA	Zip Code 16652	Amount of Each Disbursement this Period 2.63	
Purpose of Disbursement ADVERTISING EXPENSE		Category/ Type 001	Transaction ID : SB17.117217	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. TUSCARORA AREA CHAMBER OF COMMERCE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2017	
Mailing Address 19 NORTH MAIN STREET PO BOX 161			FEC Identification Number C	
City MERCERSBURG	State PA	Zip Code 17236	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement EVENT SPONSORSHIP		Category/ Type 001	Transaction ID : SB17.117299	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2017	
Mailing Address PO BOX 15026			FEC Identification Number C	
City ALBANY	State NY	Zip Code 12212	Amount of Each Disbursement this Period 88.42	
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.117038	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	291.05
<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 128 OF 131			
	<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. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2017		
Mailing Address PO BOX 15026			FEC Identification Number C		
City ALBANY	State NY	Zip Code 12212	Amount of Each Disbursement this Period 830.97		
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.117092		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2017		
Mailing Address PO BOX 15026			FEC Identification Number C		
City ALBANY	State NY	Zip Code 12212	Amount of Each Disbursement this Period 130.46		
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.117218		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2017		
Mailing Address PO BOX 15026			FEC Identification Number C		
City ALBANY	State NY	Zip Code 12212	Amount of Each Disbursement this Period 465.60		
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.117286		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1427.03
<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 129 OF 131	
	<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. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2017
Mailing Address PO BOX 15026		FEC Identification Number C
City ALBANY	State NY	Zip Code 12212
Purpose of Disbursement TELEPHONE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 98.79
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2017
Mailing Address PO BOX 15026		FEC Identification Number C
City ALBANY	State NY	Zip Code 12212
Purpose of Disbursement TELEPHONE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 77.85
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. WASHINGTON COUNTY REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2017
Mailing Address 61 MCKENNAN AVE.		FEC Identification Number C
City WASHINGTON	State PA	Zip Code 15301
Purpose of Disbursement EVENT TICKETS	Category/ Type 001	
Candidate Name <b>WASHINGTON COUNTY REPUBLICAN PARTY</b>		Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	676.64
<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 130 OF 131			
	<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. WHISPERING HOLLOW ESTATE</b>		Date of Disbursement
Mailing Address 1409 DUNKARD HOLLOW ROAD		M M / D D / Y Y Y Y 12 / 14 / 2017
City ALUM BANK	State PA	Zip Code 15521
Purpose of Disbursement EVENT FACILITY RENTAL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	575.00
State: District:	Transaction ID : SB17.117365	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. WTRN RADIO</b>		Date of Disbursement
Mailing Address PO BOX 247 ATTN: PEG BANEY		M M / D D / Y Y Y Y 10 / 10 / 2017
City TYRONE	State PA	Zip Code 16686
Purpose of Disbursement EVENT SPONSORSHIP	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	55.00
State: District:	Transaction ID : SB17.117029	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. WTRN RADIO</b>		Date of Disbursement
Mailing Address PO BOX 247 ATTN: PEG BANEY		M M / D D / Y Y Y Y 10 / 30 / 2017
City TYRONE	State PA	Zip Code 16686
Purpose of Disbursement EVENT SPONSORSHIP	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	55.00
State: District:	Transaction ID : SB17.117094	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	685.00
<b>TOTAL</b> This Period (last page this line number only).....▶	137128.64

**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 131 OF 131	
	<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. EVERETT FIRE COMPANY</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2017	
Mailing Address 100 MECHANIC STREET			FEC Identification Number C	
City EVERETT	State PA	Zip Code 15537	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement DONATION		Category/ Type 012	Transaction ID : SB21.117202	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. LOU BARLETTA FOR SENATE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2017	
Mailing Address PO BOX 128			FEC Identification Number C C00445122	
City HAZLETON	State PA	Zip Code 18201	Amount of Each Disbursement this Period 1300.00	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type 011	Transaction ID : SB21.117419	
Candidate Name BARLETTA, LOU, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: PA District: 11				

Full Name (Last, First, Middle Initial) <b>C. RICK FOR CONGRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2017	
Mailing Address 404 BOSTON HOLLOW RD			FEC Identification Number C C00658708	
City ELIZABETH	State PA	Zip Code 15037	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type 011	Transaction ID : SB21.117420	
Candidate Name RICK FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ SPECIAL GENERAL			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5300.00