



www.shuster2001.com  
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FEC MAIL ROOM

2001 JUN 20 P 1:05

P.O. Box 27 | 207 Allegheny Street | Hollidaysburg, PA 16648  
Phone: 814-696-0225 | Fax: 814-696-0272

June 15, 2001

Ms. Robin Kelly  
Reports Analyst  
Reports Analysis Division  
Federal Election Commission  
999 E. Street N.W.  
Washington, DC 20463

Dear Ms. Kelly:

I am enclosing typed amended FEC Forms Schedule A, Schedule C and Schedule D indicating that loans from Congressman Shuster were made with personal funds. Additionally, the terms of the loans made by the Congressman were changed to indicate maturity at December 31, 2001 as opposed to the original demand terms.

We are having difficulty with the computer program changing that information within the body of the report (FEC 3) and we are waiting for the software people to respond regarding how to make the necessary changes.

As soon as we get the necessary software corrections I will forward an amended FEC 3 for April 26, 2001. Thank you for your help and consideration.

Very truly yours,

Frederick A. Crocca  
Treasurer  
Bill Shuster for Congress

Enclosures

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

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

FOR LINE NUMBER:		PAGE 1 OF 1	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**SHUSTER, WILLIAM**

Mailing Address  
**9 OVERLOOK DRIVE**

City **HOLLIDAYSBURG** State **PA** Zip Code **16648**

FEC ID number of contributing federal political committee. **C00364935**

Name of Employer **SHUSTER ENTERPRISES** Occupation **CAR DEALER**

Receipt For:  
 Primary  General  
 Other (specify) **SPECIAL**

Election Cycle-to-Date **2015500**

Date of Receipt  
**02 / 27 / 2001**

Amount of Each Receipt this Period  
**1000000**

**CANDIDATES PERSONAL FUNDS**

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

Mailing Address  
**9 OVERLOOK DRIVE**

City **HOLLIDAYSBURG** State **PA** Zip Code **16648**

FEC ID number of contributing federal political committee. **C00364935**

Name of Employer **SHUSTER ENTERPRISES** Occupation **CAR DEALER**

Receipt For:  
 Primary  General  
 Other (specify) **SPECIAL**

Election Cycle-to-Date **2015500**

Date of Receipt  
**03 / 01 / 2001**

Amount of Each Receipt this Period  
**1015500**

**CANDIDATES PERSONAL FUNDS**

**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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **2015500**

TOTAL This Period (last page this line number only) **2015500**

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

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

LOAN SOURCE Full Name (Last, First, Middle Initial)

**SHUSTER, WILLIAM**

Election:

Primary

General

Other (specify) **SPECIAL**

Mailing Address  
**9 OVERLOOK DRIVE**

City **HOLLIDAYSBURG** State **PA** ZIP Code **16648**

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000000

00000000

00000000

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

02 27 2001

12

31 2001

000 % (apr)

Yes  No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

00000000

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

00000000

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

00000000

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding:

00000000

SUBTOTALS This Period This Page (optional)

1000000

TOTALS This Period (last page in this line only)

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

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

LOAN SOURCE Full Name (Last, First, Middle Initial)  
**SHUSTER, WILLIAM**

Election:  
 Primary  
 General  
 Other (specify) **SPECIAL**

Mailing Address  
**9 OVERLOOK DRIVE**

City **HOLLIDAYSBURG** State **PA** ZIP Code **16648**

Original Amount of Loan **1015500** Cumulative Payment To Date **000** Balance Outstanding at Close of This Period **1015500**

TERMS

Date Incurred **03/01/2001** Date Due **12/31/2001** Interest Rate **000** % (apr) Secured:  Yes  No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>000000</b>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>000000</b>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>000000</b>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <b>000000</b>

SUBTOTALS This Period This Page (optional) **1015500**

TOTALS This Period (last page in this line only) **2015500**

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BEDFORD ELKS COUNTRY CLUB</b>	Nature of Debt (Purpose): <b>4/24 FUND RAISING EVENT</b>
Mailing Address <b>937 S RICHARD STREET</b>	
City State Zip Code <b>BEDFORD PA 15522</b>	

Outstanding Balance Beginning This Period <b>0 0 0</b>	Amount Incurred This Period <b>1 5 0 2 4 6</b>	Payment This Period <b>0 0 0</b>	Outstanding Balance at Close of This Period <b>1 5 0 2 4 6</b>
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B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MCCARTNEY'S</b>	Nature of Debt (Purpose): <b>INKJET CARTRIDGE OFFICE EXPENSE</b>
Mailing Address <b>819 HOWARD AVENUE P.O. BOX 1714</b>	
City State Zip Code <b>ALTOONA PA 16603</b>	

Outstanding Balance Beginning This Period <b>0 0 0</b>	Amount Incurred This Period <b>7 3 9 7</b>	Payment This Period <b>0 0 0</b>	Outstanding Balance at Close of This Period <b>7 3 9 7</b>
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) .....	<b>1 5 7 6 4 3</b>
2) TOTALS This Period (last page this line number only) .....	<b>1 5 7 6 4 3</b>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	<b>2 0 1 5 5 0 0</b>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<b>2 1 7 3 1 4 3</b>

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>DEI</i> PREPARER	<i>6-20-01</i> DATE PREPARED