

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

Bill Shuster for Congress

ADDRESS (number and street)

PO Box 27

Check if different than previously reported. (ACC)

Hollidaysburg

PA

16848

2. **FEC IDENTIFICATION NUMBER**

C00364935

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED (A)

PA 9

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

11

02

2004

in the State of

PA

5. Covering Period 10 14 2004 through 11 22 2004

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

Type or Print Name of Treasurer Frederick A Ciocca

Signature of Treasurer Electronically Filed by Frederick A Ciocca Date 12 02 2004

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period: From: ^M ^M ^Y ^Y ^V ^V To: ^Y ^M ^Y ^Y ^V ^V
 1 0 1 4 2 0 0 4 1 1 2 2 2 0 0 4

	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(a)).....	52100.00	1055899.19
(b) Total Contribution Refunds (from Line 20(d)).....	.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	52100.00	1054899.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	34503.18	1062230.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	1034.91	2958.46
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	33468.27	1059271.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	54683.36	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	118233.04	

For further information contact:

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

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

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

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Page 5

. If the candidate participated in the general election, use this form for the 30-day Post-General report.

. If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period: From:

M	M	D	D	Y	Y	Y	Y
1	0	1	4	2	0	0	4

 To:

M	M	D	D	Y	Y	Y	Y
1	1	2	2	2	0	0	4

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for																																																
11. CONTRIBUTIONS (other than loans) FROM:	<table border="0" style="margin: auto;"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>0</td><td>2</td><td>2</td><td>0</td><td>0</td><td>4</td></tr> </table> <p align="center">(date of general election)</p>	M	M	D	D	Y	Y	Y	Y	1	1	0	2	2	0	0	4	<table border="0" style="margin: auto;"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>0</td><td>3</td><td>2</td><td>0</td><td>0</td><td>4</td></tr> </table> <p align="center">(date after general election)</p> <p align="center">through</p> <table border="0" style="margin: auto;"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>2</td><td>2</td><td>0</td><td>0</td><td>4</td></tr> </table> <p align="center">(last day of reporting period)</p>	M	M	D	D	Y	Y	Y	Y	1	1	0	3	2	0	0	4	M	M	D	D	Y	Y	Y	Y	1	1	2	2	2	0	0	4
M	M	D	D	Y	Y	Y	Y																																											
1	1	0	2	2	0	0	4																																											
M	M	D	D	Y	Y	Y	Y																																											
1	1	0	3	2	0	0	4																																											
M	M	D	D	Y	Y	Y	Y																																											
1	1	2	2	2	0	0	4																																											
(a) Individuals/Persons Other than Political Committees																																																		
(i) Itemized (Use Schedule A)																																																		
32500.00																																																		
(ii) Unitemized																																																		
100.00																																																		
(iii) Total of contributions from Individuals																																																		
32600.00	444854.36	1000.00																																																
(b) Political Party Committees																																																		
.00	1411.50	.00																																																
(c) Other Political Committees																																																		
19500.00	609633.33	.00																																																

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

FEC Form 3 (Revised 02/2003)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
.00	.00	.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(III), (b), (c) and (d))		
52100.00	1055899.19	1000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
.00	.00	.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
.00	2000.00	.00
(b) All Other Loans		
.00	11000.00	.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
.00	13000.00	.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
1034.91	2958.46	.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
.00	3500.00	.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
53134.91	1075357.65	1000.00

**POST ELECTION DETAILED
SUMMARY PAGE**

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FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committee Name

Bill Shuster for Congress

Report the covering period

From:

10/14/2004

To:

11/22/2004

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
34503.18	1062230.15	3864.60
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
.00	.00	.00
19. LOAN REPAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
.00	.00	.00
(b) Of All Other Loans		
.00	5496.50	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
.00	5496.50	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
.00	1000.00	.00
(b) Political Party Committees		
.00	.00	.00

**POST ELECTION DETAILED
SUMMARY PAGE**

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Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
(c) Other political committees (such as PACs)			
.00	.00		.00
(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))			
.00	1000.00		.00
21. OTHER DISBURSEMENTS			
5577.00	38953.35		4540.00
22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)			
40080.18	1107680.00		8404.60

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

52100.00	1054899.19	1000.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

33468.27	1059271.69	3864.60
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	41628.63
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 18).....	53134.91
25. SUBTOTAL (add Line 23 and Line 24)	94763.54
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	40080.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	54683.36

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

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

FOR LINE NUMBER: PAGE 7 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	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

Full Name (Last, First, Middle Initial) A. Daniel R Lawruk		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 41 Majestic Circle		Transaction ID: SA11Ai-CN4145
City Holidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Lawruk Builders Inc.	Occupation Executive/Construction Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	2650.00	

Full Name (Last, First, Middle Initial) B. P Joseph Lehman, Jr.		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 315 Sweet Cherry Court		Transaction ID: SA11Ai-CN4146
City Holidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer P Joseph Lehman Inc Engineers	Occupation Manager/Partner Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	2850.00	

Full Name (Last, First, Middle Initial) C. Bruno DeGol, Jr.		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address RD 5 Box 253-A		Transaction ID: SA11Ai-CN4168
City Tyrone	State PA	Zip Code 16688
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer DeGol Organization	Occupation Executive Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	2250.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 111
(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

Full Name (Last, First, Middle Initial) A. Arlan D Barkman		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 128 Lodge Street Box 31		Transaction ID: SA11Ai-CN4171
City Woodbury	State PA	Zip Code 16695
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Berkman Oil Co Inc	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. William J Rossman		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 327 Hunters Pass		Transaction ID: SA11Ai-CN4199
City Duncansville	State PA	Zip Code 16635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer M&T Bank	Occupation Finance Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) C. Shannon M Morris		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address PO Box 1202		Transaction ID: SA11Ai-CN4144
City Altoona	State PA	Zip Code 16603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Michael Clark		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 1201 Pennsylvania Avenue NW Suite 300		Transaction ID: SA11Ai-CN4197
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mark Corp Inc	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Michael M Kranich, Sr.		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 3412 Baker Blvd		Transaction ID: SA11Ai-CN4168
City Altoona	State PA	Zip Code 16602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kranich's Inc.	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Karan E Pfeffer		Date of Receipt M / D / Y 10 / 22 / 2004
Mailing Address 180 Stonehedge Road		Transaction ID: SA11Ai-CN4158
City Hollidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 850.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 111
(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

Full Name (Last, First, Middle Initial) A. Robert F Pennington		Date of Receipt M / D / Y 10 / 22 / 2004
Mailing Address 3408 Baker Blvd		Transaction ID: SA11Ai-CN4157
City	State	Zip Code
Altoona	PA	16802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Coldwell Banker Real Estate	Occupation Owner/Broker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Michael Kranich, Jr.		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 28 Mansion Blvd		Transaction ID: SA11Ai-CN4169
City	State	Zip Code
Altoona	PA	16802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kranichs Jewelers	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Sandra L Poole		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 720 North Nixon Road		Transaction ID: SA11Ai-CN4201
City	State	Zip Code
State College	PA	16803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer S/A Homes	Occupation Design Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 111

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	15
	12		13a		13b		14		

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Steven S Seltzer		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 308 East Ward Avenue		Transaction ID: SA11Ai-CN4174
City Altoona	State PA	Zip Code 16802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Phone Power Inc.	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. R Lee Hite		Date of Receipt M / D / Y 11 / 12 / 2004
Mailing Address 501 Beaumont Drive		Transaction ID: SA11Ai-CN4207
City Altoona	State PA	Zip Code 16802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Hite Company	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Todd N Roadman		Date of Receipt M / D / Y 10 / 22 / 2004
Mailing Address 121 Diehl Field Road		Transaction ID: SA11Ai-CN4155
City Bedford	State PA	Zip Code 15522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Reed Wertz and Roadman	Occupation Insurance & Financial Planning	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 12 / 111
(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

Full Name (Last, First, Middle Initial) A. Geoffrey W Clarke		Date of Receipt M / D / Y 10 / 22 / 2004
Mailing Address RD 4 Box 125		Transaction ID: SA11Ai-CN4161
City Huntingdon	State PA	Zip Code 16652
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Enterprise Stone and Lime Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation Highway Construction Election Cycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) B. Neil M Port		Date of Receipt M / D / Y 11 / 02 / 2004
Mailing Address 125 Summit Drive		Transaction ID: SA11Ai-CN4206
City Holidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Neil Port Assoc LLC Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation Consultant Election Cycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) C. Donald Davons		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 304 E Ward Avenue		Transaction ID: SA11Ai-CN4148
City Altoona	State PA	Zip Code 16602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Blair Companies Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation Chairman/CEO Election Cycle-to-Date ▼ 2500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 111

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Patricia L. Raugh		Date of Receipt M / D / Y 10 / 29 / 2004
Mailing Address 715 Lexington Ave PO Box 1802		Transaction ID: SA11Ai-CN4194
City Altoona	State PA	Zip Code 16601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer State Farm Insurance	Occupation Insurance Agent	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. David DeGol		Date of Receipt M / D / Y 10 / 29 / 2004
Mailing Address 144 Stonehedge Road		Transaction ID: SA11Ai-CN4190
City Hollidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DeGol Organization	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Jonathan Wolf		Date of Receipt M / D / Y 10 / 29 / 2004
Mailing Address 197 Stonehedge Road		Transaction ID: SA11Ai-CN4187
City Hollidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pyramid Health Care	Occupation CEO	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Joseph G Keller		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 120 Queen Anne Drive		Transaction ID: SA11Ai-CN4165
City Holidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Keller Engineering Inc	Occupation Civil Engineer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) B. Donald A Ruggery, Sr.		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 37 Clara Vista Drive		Transaction ID: SA11Ai-CN4164
City Holidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sphanion Corp	Occupation Owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mark W Kelly		Date of Receipt M / D / Y 10 / 29 / 2004
Mailing Address RD 8 Box 327		Transaction ID: SA11Ai-CN4193
City Altoona	State PA	Zip Code 16801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NPC, Inc	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2200.00	

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)
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Detailed Summary Page

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(check only one)
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 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. James W Bamer		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 1020 Lycoming Lane		Transaction ID: SA11Ai-CN4167
City	State	Zip Code
Altoona	PA	16602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Altoona Hospital	Occupation President/CEO	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Nanci G Hall		Date of Receipt M / D / Y 10 / 22 / 2004
Mailing Address 1211 24th Avenue		Transaction ID: SA11Ai-CN4158
City	State	Zip Code
Altoona	PA	16601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Gaisinger Health	Occupation Telethon Director	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. James A Filson		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address RD 1 Box 203		Transaction ID: SA11Ai-CN4147
City	State	Zip Code
Hesston	PA	16647
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Seven Points Marina	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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)
or 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

Full Name (Last, First, Middle Initial) A. Glenn Brandimonte		Date of Receipt M / D / Y 11 / 02 / 2004
Mailing Address 11 Linden Street		Transaction ID: SA11Ai-CN4209
City Holidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ORX Corporation	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Hampton H Durbin		Date of Receipt M / D / Y 10 / 22 / 2004
Mailing Address 509 East 28th Avenue		Transaction ID: SA11Ai-CN4160
City Altoona	State PA	Zip Code 16601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Durbin and Associates	Occupation Contractor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) C. Mr. Hary K. Benjamin		Date of Receipt M / D / Y 10 / 22 / 2004
Mailing Address 3412 Crescent Road		Transaction ID: SA11Ai-CN4162
City Altoona	State PA	Zip Code 16602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Edgemate Inc	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1750.00	

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)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. John T Durbin		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address 12 Emlyn Lane		Transaction ID: SA11Ai-CN4180
City Mechanicsburg	State PA	Zip Code 17055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Durbin Associates, Inc.	Occupation Government & Corporate Relations	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Dale W Miller		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address PO Box 233		Transaction ID: SA11Ai-CN4172
City Huntingdon	State PA	Zip Code 16852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Contractor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. MLR		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 550B Sixth Avenue Rear		Transaction ID: SA11Ai-CN4149
City Altoona	State PA	Zip Code 16802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	100% from M. Fiore Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
TOTAL This Period (last page this line number only)	▶	

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Michael A Fiore		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address RR 3 Box 6D8		Transaction ID: SA11Ai-CN4150
City Holidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Leonard S Fiore Inc	Occupation Vice President	Partnership contribution- MLR Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) [MEMO ITEM] \$1,000.00 MEMO Partnership Attributed
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2266.00	

Full Name (Last, First, Middle Initial) B. Phyllis Traler		Date of Receipt M / D / Y 10 / 22 / 2004
Mailing Address RR 4 Box 132-A		Transaction ID: SA11Ai-CN4154
City Holidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Gilcom Associates	Occupation Media Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) C. Rosalind Sky		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address RD 2 Box 816		Transaction ID: SA11Ai-CN4175
City Altoona	State PA	Zip Code 16601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation Housewife	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

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)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. P Jules Patt		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 422 Allegheny Street		Transaction ID: SA11Ai-CN4176
City Holidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Real Estate Developer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Pradip K Swain, MD		Date of Receipt M / D / Y 10 / 27 / 2004
Mailing Address 131 Stratford Ct		Transaction ID: SA11Ai-CN4182
City Holidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bon Secour Hospital	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Nancy P Campbell		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 187 Mountain View Drive		Transaction ID: SA11Ai-CN4143
City Holidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hoss's Steak & Sea Houses	Occupation Owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Robert E Lee		Date of Receipt M / D / Y 11 / 02 / 2004
Mailing Address 2385 Old Rt 22		Transaction ID: SA11Ai-CN4204
City Duncansville	State PA	Zip Code 16835
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer W.S. Lee & Sons, Inc.	Occupation President/CEO	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. 17th Street		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address PO Box 1252		Transaction ID: SA11Ai-CN4151
City Altoona	State PA	Zip Code 16803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Osgood/Bowen 50/50 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3800.00	

Full Name (Last, First, Middle Initial) C. Dr. Carol P Osgood		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address RD 4 Box 153		Transaction ID: SA11Ai-CN4152
City Hollidaysburg	State PA	Zip Code 16848
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Allegheny Brain and Spine Surgeons	Occupation Neurosurgeon	Partnership contribution-17th Street Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) [MEMO ITEM] \$500.00 MEMO Partnership Attributed
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Richard Bowen		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address PD Box 1252		Transaction ID: SA11Ai-CN4153
City Altoona	State PA	Zip Code 16803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer 17th Street Logan Township LP	Occupation Developer	Partnership contribution- 17th Street Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) [MEMO ITEM] \$500.00 MEMO Partnership Attributed
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mary Lou Lawruk		Date of Receipt M / D / Y 10 / 22 / 2004
Mailing Address 210 West Plank Road		Transaction ID: SA11Ai-CN4163
City Altoona	State PA	Zip Code 16802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. William G Harris		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 502 Cherry Lane		Transaction ID: SA11Ai-CN4198
City Johnstown	State PA	Zip Code 15504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cambria County	Occupation County Commissioner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1600.00	

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)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Barry H Newborn		Date of Receipt M / D / Y 10 / 29 / 2004
Mailing Address PD Box 1713		Transaction ID: SA11Ai-CN4189
City Altoona	State PA	Zip Code 16803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Newborn Enterprises Inc	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Donald Degol		Date of Receipt M / D / Y 10 / 29 / 2004
Mailing Address 100 Sylvan Woods		Transaction ID: SA11Ai-CN4192
City Hollidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DeGol Organization	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Danna Degol		Date of Receipt M / D / Y 10 / 29 / 2004
Mailing Address 3229 Pleasant Valley Blvd		Transaction ID: SA11Ai-CN4191
City Altoona	State PA	Zip Code 16802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DeGol Organization	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. G William Ward		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 585 Devonshire Drive		Transaction ID: SA11Ai-CN4173
City Hollidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ward Trucking Corporation	Occupation Chairman	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Michala M Washland		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 1144 Sugar Run Road		Transaction ID: SA11Ai-CN4200
City Duncansville	State PA	Zip Code 16835
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Allegheny Supply & Maintenance	Occupation Distributor of Chemicals	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Jacqueline M Katz		Date of Receipt M / D / Y 10 / 29 / 2004
Mailing Address 13075 Old Winery Road		Transaction ID: SA11Ai-CN4188
City Poway	State CA	Zip Code 92064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 111
(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

Full Name (Last, First, Middle Initial) A. Rega S Elm		Date of Receipt M / D / Y 10 / 19 / 2004
Mailing Address 59 Call Court		Transaction ID: SA11Ai-CN4141
City Fredericksburg	State VA	Zip Code 22405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Jack Ferguson Associates, Inc. Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation Sr Vice President/General Counsel Election Cycle-to-Date ▼ 250.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) B. Charles E Kranich		Date of Receipt M / D / Y 10 / 21 / 2004
Mailing Address 525 McKee Street		Transaction ID: SA11Ai-CN4170
City State College	State PA	Zip Code 16803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kranich's Inc. Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation Executive Election Cycle-to-Date ▼ 250.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) C. Adala M Giller		Date of Receipt M / D / Y 10 / 22 / 2004
Mailing Address 4 Hickory Hill		Transaction ID: SA11Ai-CN4159
City Hollidaysburg	State PA	Zip Code 16848
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer none Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation Homemaker Election Cycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 111

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	15
	12		13a		13b		14		

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. F. Randal Smith		Date of Receipt M / D / Y 10 / 22 / 2004
Mailing Address 350 Park Avenue 11th Floor		Transaction ID: SA11Ai-CN4177
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Capital Counsel, LLC	Occupation Chairman	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Peter Leiss		Date of Receipt M / D / Y 10 / 28 / 2004
Mailing Address 833 Gilmore Road		Transaction ID: SA11Ai-CN4195
City Somerset	State PA	Zip Code 15501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Leiss Tool & Die	Occupation Owner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Todd E Eichelberger		Date of Receipt M / D / Y 11 / 12 / 2004
Mailing Address 9457 Lincoln Highway		Transaction ID: SA11Ai-CN4208
City Bedford	State PA	Zip Code 15522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer eich Group	Occupation Real Estate Broker & Developer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	32500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 111

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Carpenters' Legislative Improvement		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 101 Constitution Avenue NW		Transaction ID: SA11C-CN4203
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C C00001016		Amount of Each Receipt this Period 2500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Anheuser-Busch Companies		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 1401 I Street NW Suite 200		Transaction ID: SA11C-CN4202
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C CD0034488		Amount of Each Receipt this Period 2500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. ConocoPhillips Spirit		Date of Receipt M / D / Y 10 / 22 / 2004
Mailing Address 1400B Plaza Office Building		Transaction ID: SA11C-CN4179
City Bartlesville	State OK	Zip Code 74004
FEC ID number of contributing federal political committee. C CD0112898		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 111

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Independent Community Bankers		Date of Receipt M / D / Y 10 / 15 / 2004
Mailing Address One Thomas Circle NW Suite 400		Transaction ID: SA11C-CN4140
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00032698		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Hardwood Federation		Date of Receipt M / D / Y 10 / 18 / 2004
Mailing Address PO Box 34518		Transaction ID: SA11C-CN4142
City Memphis	State TN	Zip Code 38184
FEC ID number of contributing federal political committee. C CD0398671		Amount of Each Receipt this Period 3000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Employees of Northrop Grumman Corp		Date of Receipt M / D / Y 10 / 27 / 2004
Mailing Address 520 S. Grand Avenue Suite 700		Transaction ID: SA11C-CN4184
City Los Angeles	State CA	Zip Code 90071
FEC ID number of contributing federal political committee. C CD0098591		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 28 / 111

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Cave Republican Club		Date of Receipt M / D / Y 10 / 29 / 2004
Mailing Address Box 426 Meadowside Acres		Transaction ID: SA11C-CN4186
City Martinsburg	State PA	Zip Code 16662
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Allied Pilots Association		Date of Receipt M / D / Y 10 / 27 / 2004
Mailing Address 14600 Trinity Blvd-Suite 500		Transaction ID: SA11C-CN4186
City Fort Worth	State TX	Zip Code 76155
FEC ID number of contributing federal political committee. C CD0267B49		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. R.J Reynolds		Date of Receipt M / D / Y 10 / 29 / 2004
Mailing Address PO Box 718 401 N. Main Street		Transaction ID: SA11C-CN4196
City Winston Salem	State NC	Zip Code 27102
FEC ID number of contributing federal political committee. C CD0042D02		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 111

(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

Full Name (Last, First, Middle Initial) A. Exelon Corporation		Date of Receipt M / D / Y 10 / 22 / 2004
Mailing Address PD Box B0537B		Transaction ID: SA11C-CN4178
City Chicago	State IL	Zip Code 60680
FEC ID number of contributing federal political committee. C C00141218		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

Full Name (Last, First, Middle Initial) B. Build		Date of Receipt M / D / Y 10 / 27 / 2004
Mailing Address 1201 15th Street NW		Transaction ID: SA11C-CN4183
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C CD0000801		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) C. CassNewHolland		Date of Receipt M / D / Y 10 / 25 / 2004
Mailing Address 1001 G Street NW Suite 100 East		Transaction ID: SA11C-CN4181
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C CD0303853		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 111
 (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

Full Name (Last, First, Middle Initial) A. United Airlines Inc		Date of Receipt M / D / Y 10 / 15 / 2004
Mailing Address 1025 Connecticut Avenue NW Suite 1210		Transaction ID: SA11C-CN4139
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00078261		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Aircraft Owners Pilots Association		Date of Receipt M / D / Y 10 / 14 / 2004
Mailing Address 421 Aviation Way		Transaction ID: SA11C-CN4137
City Frederick	State MD	Zip Code 21701
FEC ID number of contributing federal political committee. C CD0131185		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	19500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) Bill Shuster for Congress	
Full Name (Last, First, Middle Initial) A. <u>House on the Hill</u>	Date of Receipt M / D / Y 10 / 20 / 2004
Mailing Address PD Box B12	Transaction ID: SA14-ER64
City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 1034.91
FEC ID number of contributing federal political committee. C	Expenditure Refund Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Name of Employer Receipt For: 2004 Primary X General Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1034.91

SUBTOTAL of Receipts This Page (optional)	▶	1034.91
TOTAL This Period (last page this line number only)	▶	1034.91

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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Haute on the Hill

Mailing Address PO Box 912

City State Zip Code
Great Falls VA 22066

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3169
Date of Disbursement

10 / 20 / 2004

Amount of Each Disbursement this Period

1034.91

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Solicitation and Fundrais-
ing Expenses Fundraising

Full Name (Last, First, Middle Initial)
B. Haute on the Hill

Mailing Address PO Box 912

City State Zip Code
Great Falls VA 22066

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3224
Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

188.25

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Solicitation and Fundrais-
ing Expenses Fundraising

Full Name (Last, First, Middle Initial)
C. The Orchards

Mailing Address 1580 Orchard Drive

City State Zip Code
Chambersburg PA 17201

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3181
Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

72.80

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Solicitation and Fundrais-
ing Expenses Fundraising

SUBTOTAL of Disbursements This Page (optional) ▶

1295.76

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 33 / 111

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 X Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3178
Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

127.35

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Overhead Expenses Bank Service Charge

Full Name (Last, First, Middle Initial)
B. Kathy's Deli

Mailing Address 891 West King Street Suite C

City Shippensburg State PA Zip Code 17257

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 X Primary General Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3177
Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

435.66

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Solicitation and Fundraising Expenses Fundraising

Full Name (Last, First, Middle Initial)
C. Kathy's Deli

Mailing Address 891 West King Street Suite C

City Shippensburg State PA Zip Code 17257

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President Disbursement For: 2004 X Primary General Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3225
Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

438.17

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Solicitation and Fundraising Expenses Fundraising

SUBTOTAL of Disbursements This Page (optional) ▶

1001.18

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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3179
Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

147.22

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

Full Name (Last, First, Middle Initial)
B. American Express

Mailing Address PO Box 360002

City Indiana State PA Zip Code 33336

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3230
Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

35.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

Full Name (Last, First, Middle Initial)
C. American Express

Mailing Address PO Box 360002

City Indiana State PA Zip Code 33336

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3231
Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

130.64

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

SUBTOTAL of Disbursements This Page (optional) ▶

312.86

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 35 / 111

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3210
 Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

34.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Overhead Expenses Vehicle Expenses

Full Name (Last, First, Middle Initial)
B. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3211
 Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

35.70

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Overhead Expenses Vehicle Expenses

Full Name (Last, First, Middle Initial)
C. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3212
 Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

33.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Overhead Expenses Vehicle Expenses

SUBTOTAL of Disbursements This Page (optional) ▶

102.70

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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 360002

City Altoona State PA Zip Code 33336

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3232

Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

10.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

Full Name (Last, First, Middle Initial)

B. AT&T Wireless Services

Mailing Address PO 944039

City Maitland State FL Zip Code 32704

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3217

Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

58.16

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)

C. Capital Hill Suites

Mailing Address 200 C Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3214

Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

187.15

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

SUBTOTAL of Disbursements This Page (optional) ▶

255.31

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Confertel

Mailing Address 2385 Camino Vida Roble
Suite 112

City Carlsbad State CA Zip Code 92009

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3215

Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

3.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)

B. Wyndham Garden Hotel

Mailing Address 765 Eisenhower Blvd

City Harrisburg State PA Zip Code 17111

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3215

Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

43.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)

C. Hoss's Steak And Sea

Mailing Address Wye Switches

City Duncansville State PA Zip Code 16835

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3215

Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

105.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

151.99

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

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
 A. First Commonwealth Bank

Mailing Address PO Box 0537

City State Zip Code
 Indiana PA 15701

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3180
 Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

152.83

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Administrative/Salary/Ove-
 rhead Expenses Bank Servi-
 ce Charge

Full Name (Last, First, Middle Initial)
 B. American Express

Mailing Address PO Box 360002

City State Zip Code
 Indiana PA 33336

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3233
 Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

144.83

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Administrative/Salary/Ove-
 rhead Expenses Bank Servi-
 ce Charge

Full Name (Last, First, Middle Initial)
 C. American Express

Mailing Address PO Box 360002

City State Zip Code
 Indiana PA 33336

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: SB17-EX3234
 Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

148.20

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Administrative/Salary/Ove-
 rhead Expenses Bank Servi-
 ce Charge

SUBTOTAL of Disbursements This Page (optional) ▶

445.86

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

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 360002

City Indiana State PA Zip Code 33336

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3235

Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

154.58

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

Full Name (Last, First, Middle Initial)

B. Verizon

Mailing Address PO Box 8585

City Philadelphia State PA Zip Code 19173

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3182

Date of Disbursement

10 / 15 / 2004

Amount of Each Disbursement this Period

164.46

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)

C. Picture Perfect Productions

Mailing Address 288 East Main Street

City Hummelstown State PA Zip Code 17036

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

004
Category/
Type

Transaction ID: SB17-EX3163

Date of Disbursement

10 / 15 / 2004

Amount of Each Disbursement this Period

45.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Advertising Expenses Media

SUBTOTAL of Disbursements This Page (optional) ▶

364.44

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Smith Transport, Inc.

Mailing Address 331 E. Closson Road
PO Box 201

City Roaring Spring State PA Zip Code 16673

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

002
Category/
Type

Transaction ID: SB17-EX3164
Date of Disbursement

10 / 15 / 2004

Amount of Each Disbursement this Period

621.60

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Airplane

Full Name (Last, First, Middle Initial)
B. AT&T Wireless Services

Mailing Address PO 944039

City Maitland State FL Zip Code 32704

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3165
Date of Disbursement

10 / 19 / 2004

Amount of Each Disbursement this Period

194.73

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)
C. ATLANTIC broadband

Mailing Address 2200 Beale Avenue

City Albions State PA Zip Code 16801

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17-EX3166
Date of Disbursement

10 / 19 / 2004

Amount of Each Disbursement this Period

98.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Utilities

SUBTOTAL of Disbursements This Page (optional) ▶

915.33

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

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
 A. US Postal Service

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3167
 Date of Disbursement

10 / 20 / 2004

Amount of Each Disbursement this Period

74.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Administrative/Salary/Ove-
 rhead Expenses Postage

Full Name (Last, First, Middle Initial)
 B. Cherryhill Associates Inc

Mailing Address 721 N. Juniata Street
 Suite 100

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

004
 Category/
 Type

Transaction ID: SB17-EX3168
 Date of Disbursement

10 / 20 / 2004

Amount of Each Disbursement this Period

14000.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Advertising Expenses Radio
 Ads

Full Name (Last, First, Middle Initial)
 C. First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX3223
 Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

124.37

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Administrative/Salary/Ove-
 rhead Expenses Bank Servi-
 ce Charge

SUBTOTAL of Disbursements This Page (optional) ▶

14198.37

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3178
Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

64.34

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

Full Name (Last, First, Middle Initial)
B. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3183
Date of Disbursement

10 / 20 / 2004

Amount of Each Disbursement this Period

36.20

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)
C. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3184
Date of Disbursement

10 / 20 / 2004

Amount of Each Disbursement this Period

36.75

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

SUBTOTAL of Disbursements This Page (optional) ▶

137.29

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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3185
Date of Disbursement

10 / 20 / 2004

Amount of Each Disbursement this Period

26.10

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)
B. Hilton New York

Mailing Address 1335 Avenue of the Americas

City New York State NY Zip Code 10019

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3182
Date of Disbursement

10 / 20 / 2004

Amount of Each Disbursement this Period

275.95

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)
C. Hilton New York

Mailing Address 1335 Avenue of the Americas

City New York State NY Zip Code 10019

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3226
Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

437.80

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Lodging

SUBTOTAL of Disbursements This Page (optional) ▶

739.65

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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Marzoni's

Mailing Address 165 Patchway Road

City State Zip Code
Duncansville PA 16835

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3186

Date of Disbursement

10 / 20 / 2004

Amount of Each Disbursement this Period

125.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 360002

City State Zip Code
Duncansville PA 16836

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3236

Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

139.03

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

Full Name (Last, First, Middle Initial)

C. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City State Zip Code
Altoona PA 16802

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3170

Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

3030.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Airplane

SUBTOTAL of Disbursements This Page (optional) ▶

3294.43

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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3172
Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

3600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Postage

Full Name (Last, First, Middle Initial)

B. Debbie King

Mailing Address 530 Garber Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3173
Date of Disbursement

10 / 22 / 2004

Amount of Each Disbursement this Period

111.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Postage

Full Name (Last, First, Middle Initial)

C. Debbie King

Mailing Address 530 Garber Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3174
Date of Disbursement

10 / 22 / 2004

Amount of Each Disbursement this Period

21.95

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

SUBTOTAL of Disbursements This Page (optional) ▶

3732.95

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)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. The Blaimont Club

Mailing Address 145 Larch Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

003
 Category/
 Type

Transaction ID: SB17-EX3187
 Date of Disbursement

10 / 25 / 2004

Amount of Each Disbursement this Period

2406.92

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Solicitation and Fundrais-
 ing Expenses Fundraising

Full Name (Last, First, Middle Initial)
B. Blair County Advisory Council

Mailing Address PO Box 732

City Altoona State PA Zip Code 16603

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

004
 Category/
 Type

Transaction ID: SB17-EX3180
 Date of Disbursement

10 / 28 / 2004

Amount of Each Disbursement this Period

125.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Advertising Expenses Print
 Ads

Full Name (Last, First, Middle Initial)
C. Catered Affairs

Mailing Address 2411 12th Street

City Altoona State PA Zip Code 16601

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

003
 Category/
 Type

Transaction ID: SB17-EX3191
 Date of Disbursement

10 / 28 / 2004

Amount of Each Disbursement this Period

502.20

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Solicitation and Fundrais-
 ing Expenses Fundraising

SUBTOTAL of Disbursements This Page (optional) ▶

3034.12

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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. CenPenn Realty LLC

Mailing Address 503 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3192

Date of Disbursement

10 / 29 / 2004

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Rent

Full Name (Last, First, Middle Initial)

B. Holliday Real Estate

Mailing Address 316 Newry Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3193

Date of Disbursement

10 / 29 / 2004

Amount of Each Disbursement this Period

26.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Political Contributions
Office Expenses

Full Name (Last, First, Middle Initial)

C. Blair Co Republican Committee

Mailing Address 1810 23rd Avenue

City Altoona State PA Zip Code 16801

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: SB17-EX3194

Date of Disbursement

10 / 29 / 2004

Amount of Each Disbursement this Period

300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Advertising Expenses Print
Ads

SUBTOTAL of Disbursements This Page (optional) ▶

526.50

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

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Verizon Wireless

Mailing Address PO Box 17464

City Baltimore State MD Zip Code 21297

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

Category/Type 001

Transaction ID: SB17-EX3196
 Date of Disbursement
 10 / 29 / 2004

Amount of Each Disbursement this Period
 80.51

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Overhead Expenses Telephone

Full Name (Last, First, Middle Initial)
B. Campaign Resource Strategies

Mailing Address 25452 Brickell Drive

City Chantilly State VA Zip Code 20152

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

Category/Type 003

Transaction ID: SB17-EX3196
 Date of Disbursement
 11 / 02 / 2004

Amount of Each Disbursement this Period
 2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Solicitation and Fundraising Expenses Campaign Consultant

Full Name (Last, First, Middle Initial)
C. Judy Ward

Mailing Address B1 Sylvan Drive Heights

City Hollidaysburg State PA Zip Code 16848

Purpose of Disbursement Expenditure
 Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

Category/Type 003

Transaction ID: SB17-EX3196
 Date of Disbursement
 11 / 10 / 2004

Amount of Each Disbursement this Period
 196.16

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Solicitation and Fundraising Expenses Fundraising

SUBTOTAL of Disbursements This Page (optional) ▶ **2276.67**

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Annette Patterson

Mailing Address 140 Allison Way

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: SB17-EX3199
Date of Disbursement

11 / 10 / 2004

Amount of Each Disbursement this Period

120.03

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Solicitation and Fundrais-
ing Expenses Fundraising

Full Name (Last, First, Middle Initial)
B. IS2 Technologies, Inc.

Mailing Address 3018 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3200
Date of Disbursement

11 / 10 / 2004

Amount of Each Disbursement this Period

45.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)
C. Marlene Bendon

Mailing Address 2502 Quail Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

002
Category/
Type

Transaction ID: SB17-EX3201
Date of Disbursement

11 / 10 / 2004

Amount of Each Disbursement this Period

64.41

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

229.44

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Altoona Mirror

Mailing Address PO Box 2008

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: SB17-EX3204
Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

55.83

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Advertising Expenses Print
Ads

Full Name (Last, First, Middle Initial)
B. United Parcel Service

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3205
Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

15.54

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Postage

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

Mailing Address PO Box 8585

City Philadelphia State PA Zip Code 19173

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3206
Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

218.94

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Telephone

SUBTOTAL of Disbursements This Page (optional) ▶

290.31

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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Christopher Gindlesperger

Mailing Address 2710 Quebec Street, NW

City Washington State DC Zip Code 20008

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3207
Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

189.75

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

Full Name (Last, First, Middle Initial)
B. Bedford Co. Republican Comm

Mailing Address 2425 Lower Snake Spring Road

City Everett State PA Zip Code 15537

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: SB17-EX3208
Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

75.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Advertising Expenses Print
Ads

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

Mailing Address PO Box 371481

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3209
Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

28.62

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Postage

SUBTOTAL of Disbursements This Page (optional) ▶

293.37

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Holliday Real Estate

Mailing Address 316 Newry Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3218

Date of Disbursement

11 / 22 / 2004

Amount of Each Disbursement this Period

26.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Office Exp-
enses

Full Name (Last, First, Middle Initial)

B. CenPenn Realty LLC

Mailing Address 503 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3218

Date of Disbursement

11 / 22 / 2004

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Rent

Full Name (Last, First, Middle Initial)

C. First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

Disbursement For: 2004
Primary X General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3220

Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

61.83

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

SUBTOTAL of Disbursements This Page (optional) ▶

288.33

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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3222
Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

114.44

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

Full Name (Last, First, Middle Initial)
B. First Commonwealth Bank

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3221
Date of Disbursement

11 / 19 / 2004

Amount of Each Disbursement this Period

62.40

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Bank Servi-
ce Charge

Full Name (Last, First, Middle Initial)
C. John Kurtz

Mailing Address 303 Laurel Street

City Bellwood State PA Zip Code 16817

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3227
Date of Disbursement

11 / 22 / 2004

Amount of Each Disbursement this Period

32.25

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Vehicle Ex-
penses

SUBTOTAL of Disbursements This Page (optional) ▶

209.09

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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. ATLANTIC broadband

Mailing Address 2200 Beale Avenue

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
X Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3228

Date of Disbursement

11 / 22 / 2004

Amount of Each Disbursement this Period

99.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Utilities

Full Name (Last, First, Middle Initial)

B. AT&T Wireless Services

Mailing Address PO 944039

City Maitland State FL Zip Code 32704

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
Primary X General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: SB17-EX3228

Date of Disbursement

11 / 22 / 2004

Amount of Each Disbursement this Period

308.23

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Administrative/Salary/Ove-
rhead Expenses Telephone

SUBTOTAL of Disbursements This Page (optional) ▶

407.23

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

34503.18

**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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Daily American

Mailing Address 334 W Main Street
PO Box 638

City Somerset State PA Zip Code 15501

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
Primary X General
Other (specify) ▼

State: District

012
Category/
Type

Transaction ID: SB17-EX3203

Date of Disbursement

11 / 10 / 2004

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Donations Donations

Full Name (Last, First, Middle Initial)

B. John Sullivan for Congress

Mailing Address 8171 East 118 Place

City Bixby State OK Zip Code 74008

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
Primary X General
Other (specify) ▼

State: District

011
Category/
Type

Transaction ID: SB17-EX3171

Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Political Contributions
Political Contributions

Full Name (Last, First, Middle Initial)

C. Bedford Co. Republican Comm

Mailing Address 2425 Lower Snake Spring Road

City Everett State PA Zip Code 15537

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
Primary X General
Other (specify) ▼

State: District

012
Category/
Type

Transaction ID: SB17-EX3188

Date of Disbursement

10 / 28 / 2004

Amount of Each Disbursement this Period

12.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Donations Promotional Tic-
kets

SUBTOTAL of Disbursements This Page (optional) ▶

3012.00

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 56 / 111

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

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

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Blair County Advisory Council

Mailing Address PO Box 732

City Altoona State PA Zip Code 16603

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

012
 Category/
 Type

Transaction ID: SB17-EX3189
 Date of Disbursement

10 / 28 / 2004

Amount of Each Disbursement this Period

25.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Donations Promotional Tic-
 kets

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

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

012
 Category/
 Type

Transaction ID: SB17-EX3197
 Date of Disbursement

11 / 10 / 2004

Amount of Each Disbursement this Period

2500.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Donations Donations

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

Mailing Address B Overlook Drive

City Hollidaysburg State PA Zip Code 16848

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

012
 Category/
 Type

Transaction ID: SB17-EX3202
 Date of Disbursement

11 / 10 / 2004

Amount of Each Disbursement this Period

40.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Donations Promotional Tic-
 kets

SUBTOTAL of Disbursements This Page (optional) ▶ **2565.00**

TOTAL This Period (last page this line number only) ▶ **5577.00**

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 57 / 111
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Transaction ID: SC10-LN13

LOAN SOURCE Full Name (Last, First, Middle Initial) William Shuster	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 9 Overlook Drive		
City Hollidaysburg State PA ZIP Code 16648		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	2000.00
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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 58 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Transaction ID: SC10-LN9

LOAN SOURCE Full Name (Last, First, Middle Initial) Kelly H Shuster	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 320 N 30th Street		
City Camp Hill State PA ZIP Code 17011		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 19 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2000.00
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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 59 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN10

LOAN SOURCE Full Name (Last, First, Middle Initial) Margaret A Stader	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 2201 Catharine Street		
City Huntingdon State PA ZIP Code 16852		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2000.00
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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 60 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Transaction ID: SC10-LN11

LOAN SOURCE Full Name (Last, First, Middle Initial) Deborah S King	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 530 Garber Street		
City Hollidaysburg State PA ZIP Code 16648		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred 04 th 20 th 2004	Date Due 20041231	Interest Rate 5.0000% (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---	----------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2000.00
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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 61 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Transaction ID: SC10-LN12

LOAN SOURCE Full Name (Last, First, Middle Initial) Robert L Shuster	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 320 N 30th Street		
City Camp Hill State PA ZIP Code 17011		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	2000.00
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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 62 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN14

LOAN SOURCE Full Name (Last, First, Middle Initial) Virginia L Dixon	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 105 Aldrich Avenue		
City Altoona State PA ZIP Code 16602		
Original Amount of Loan 2000.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 20 th 2004	20041231	5.0000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	12000.00
Carry outstanding balance 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

(Use separate schedule(s) for each numbered line)	PAGE 63 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Tarrance Group		Nature of Debt (Purpose): Invoice: Survey of attitudes Invoice 448	
Mailing Address 201 North Union Street Suite 410			
City Alexandria	State VA	ZIP Code 22314	
Outstanding Balance Beginning This Period 977.00		Transaction ID: SD10-INV2734	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 977.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kathy's Deli		Nature of Debt (Purpose): Invoice: Catering Invoice 1445 Solitcat	
Mailing Address 881 West King Street Suite C			
City Shippensburg	State PA	ZIP Code 17257	
Outstanding Balance Beginning This Period 4197.68		Transaction ID: SD1D-INV2988	
Amount Incurred This Period .00	Payment This Period 873.83	Outstanding Balance at Close of This Period 3323.75	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invpice: 04-B5-011 Contrast Advertising	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City Malvern	State PA	ZIP Code 19355	
Outstanding Balance Beginning This Period 6755.00		Transaction ID: SD1D-INV2862	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 6755.00	

1) SUBTOTALS This Period This Page (optional)	▶	11055.75
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 64 / 111
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invoice: 04-BS-012 Runner Advertising Ex	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City Malvern State PA ZIP Code 19355			
Outstanding Balance Beginning This Period 5890.00		Transaction ID: SD10-INV2863	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 5890.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invoice: 04-BS-013 Quotes Advertising Ex	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City Malvern State PA ZIP Code 19355			
Outstanding Balance Beginning This Period 6655.00		Transaction ID: SD10-INV2864	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 6655.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Orchards		Nature of Debt (Purpose): Invoice: 3.22.04 fundraising event Split	
Mailing Address 1580 Orchard Drive			
City Chambersburg State PA ZIP Code 17201			
Outstanding Balance Beginning This Period 3997.09		Transaction ID: SD10-INV2802	
Amount Incurred This Period .00	Payment This Period 72.60	Outstanding Balance at Close of This Period 3924.49	

1) SUBTOTALS This Period This Page (optional)	▶	16469.49
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 65 / 111
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Tarrance Group		Nature of Debt (Purpose): Invoice: Invoice 4481 sur- vey Polling Exp	
Mailing Address 201 North Union Street Suite 410			
City Alexandria	State VA	ZIP Code 22314	
Outstanding Balance Beginning This Period 7977.00		Transaction ID: SD10-INV2989	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 7977.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ciocca Benton & Company, P.C.		Nature of Debt (Purpose): Invoice: 2.6.04 to 4.16.04 services Admi	
Mailing Address PO Box 1473			
City Altoona	State PA	ZIP Code 16603	
Outstanding Balance Beginning This Period 3048.10		Transaction ID: SD10-INV2987	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 3048.10	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Tarrance Group		Nature of Debt (Purpose): Invoice: Invoice 4523 sur- vey Polling Exp	
Mailing Address 201 North Union Street Suite 410			
City Alexandria	State VA	ZIP Code 22314	
Outstanding Balance Beginning This Period 16835.00		Transaction ID: SD10-INV2990	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 16835.00	

1) SUBTOTALS This Period This Page (optional)	▶	27860.10
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate
 schedule(s)
 for each
 numbered line)

FOR LINE NUMBER:
 (check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunoco		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 1700 Seventh Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 33.39		Transaction ID: SD10-INV2917	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 33.39	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tortilla Coast		Nature of Debt (Purpose): Invoice: 04.02.04 meals Travel Expenses	
Mailing Address 400 First Street SE			
City Washington	State DC	ZIP Code 20001	
Outstanding Balance Beginning This Period 26.50		Transaction ID: SD10-INV2918	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 26.50	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Radio Shack		Nature of Debt (Purpose): Invoice: 04.08.04 supplies Administrativ	
Mailing Address Plank Road Commons 2764 Old Rte 220			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 15.32		Transaction ID: SD10-INV2919	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 15.32	

1) SUBTOTALS This Period This Page (optional)	▶	75.21
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 67 / 111
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Exxon		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 542 South Center Street			
City Ebensburg	State PA	ZIP Code 15931	
Outstanding Balance Beginning This Period 21.41		Transaction ID: SD10-INV2920	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 21.41	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Papa John's Pizza		Nature of Debt (Purpose): Invoice: meals for volunteers Travel Exp	
Mailing Address 3D14 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 12.63		Transaction ID: SD1D-INV2921	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 12.63	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amoco		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address RD 2 Box 12C			
City Bedford	State PA	ZIP Code 15522	
Outstanding Balance Beginning This Period 31.50		Transaction ID: SD1D-INV2922	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 31.50	

1) SUBTOTALS This Period This Page (optional)	▶	65.44
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 68 / 111
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 4.44		Transaction ID: SD10-INV2923	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 4.44	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 23.12		Transaction ID: SD10-INV2924	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 23.12	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Capital Grille		Nature of Debt (Purpose): Invoice: 4.21 event Solicitation and Fun	
Mailing Address 601 Pennsylvania Avenue, NW			
City Washington	State DC	ZIP Code 20004	
Outstanding Balance Beginning This Period 1669.01		Transaction ID: SD10-INV2925	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 1669.01	

1) SUBTOTALS This Period This Page (optional)	▶	1696.57
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Splash Car Wash		Nature of Debt (Purpose): Invoice: car wash Adminis- trative/Salary/	
Mailing Address #10 Eye Street SE			
City	State	ZIP Code	
Washington	DC	20003	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2926	
33.84			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	33.84	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TGI Fridays		Nature of Debt (Purpose): Invoice: 4.23 Travel Expe- nses	
Mailing Address Plank Road			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2927	
109.75			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	109.75	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Exxon		Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/	
Mailing Address 542 South Center Street			
City	State	ZIP Code	
Ebensburg	PA	15831	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2928	
25.20			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	25.20	

1) SUBTOTALS This Period This Page (optional)	▶	168.79
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 70 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Don Pablos		Nature of Debt (Purpose): Invoice: 4.25 Travel Expenses	
Mailing Address Plank Road			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2929	
97.14			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	97.14	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hunan Dynasty		Nature of Debt (Purpose): Invoice: 4.23 Travel Expenses	
Mailing Address 215 Pennsylvania Avenue			
City	State	ZIP Code	
Washington	DC	20003	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2930	
53.70			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	53.70	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FedEx		Nature of Debt (Purpose): Invoice: to ciocca from mistri Administr	
Mailing Address PO Box 371481			
City	State	ZIP Code	
Pittsburgh	PA	15250	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2931	
14.08			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	14.08	

1) SUBTOTALS This Period This Page (optional)	▶	164.92
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 71 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Al's Tavern		Nature of Debt (Purpose): Invoice: 4.25 Travel Expenses	
Mailing Address 2B31 Eighth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 111.50		Transaction ID: SD10-INV2932	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 111.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.25 Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 84.00		Transaction ID: SD10-INV2933	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 84.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 25.01		Transaction ID: SD10-INV2934	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 25.01	

1) SUBTOTALS This Period This Page (optional)	▶	220.51
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 72 / 111
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples-291 Altoona		Nature of Debt (Purpose): Invoice: various office supplies Adminis	
Mailing Address Plank Road/Orchard Plaza			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 58.14		Transaction ID: SD10-INV2935	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 58.14	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Outback Steakhouse		Nature of Debt (Purpose): Invoice: 4.24 Travel Expenses	
Mailing Address 100 Sheraton Drive			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 466.77		Transaction ID: SD1D-INV2936	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 466.77	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Outback Steakhouse		Nature of Debt (Purpose): Invoice: 4.24 Travel Expenses	
Mailing Address 100 Sheraton Drive			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 37.10		Transaction ID: SD1D-INV2937	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 37.10	

1) SUBTOTALS This Period This Page (optional)	▶	560.01
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 73 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunoco		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 1700 Seventh Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2938	
19.13			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	19.13	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greener And Hook		Nature of Debt (Purpose): Invoice: June retainer et-c. 2004-06-160	
Mailing Address 1875 Eye Street NW Suite 540			
City	State	ZIP Code	
Washington	DC	20006	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2992	
6797.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	6797.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor FedEx		Nature of Debt (Purpose): Invoice: 5.6 mailing Administrative/Sala	
Mailing Address PO Box 371461			
City	State	ZIP Code	
Pittsburgh	PA	15250	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3009	
14.08			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	14.08	

1) SUBTOTALS This Period This Page (optional)	▶	6830.21
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 74 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Traver Shop 1		Nature of Debt (Purpose): Invoice: Gifts Administrative/Salary/Ove	
Mailing Address 221 Pennsylvania Avenue SE			
City	State	ZIP Code	
Washington	DC	20003	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3010	
45.42			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	45.42	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Hotel Restaurant		Nature of Debt (Purpose): Invoice: 5.10 meal Travel Expenses	
Mailing Address 401 South Juniata Street			
City	State	ZIP Code	
Hollidaysburg	PA	16648	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3011	
91.37			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	91.37	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Capital Grille		Nature of Debt (Purpose): Invoice: 5.22 Travel Expenses	
Mailing Address 601 Pennsylvania Avenue, NW			
City	State	ZIP Code	
Washington	DC	20004	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3012	
41.98			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	41.98	

1) SUBTOTALS This Period This Page (optional)	▶	178.77
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 75 / 111
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allegro Restaurant		Nature of Debt (Purpose): Invoice: Staff 5.24 Travel Expenses	
Mailing Address 3926 Broad Avenue			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3013	
679.26			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	679.26	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eds Steak House		Nature of Debt (Purpose): Invoice: 5.25 Travel Expenses	
Mailing Address RR 2			
City	State	ZIP Code	
Bedford	PA	15522	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3014	
82.75			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	82.75	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.28 stay Travel Expenses	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3019	
817.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	817.50	

1) SUBTOTALS This Period This Page (optional)	▶	1579.51
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 78 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 2061.53		Transaction ID: SD10-INV3020	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 2061.53	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: Room/Catering etc Campaign Even	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 2625.63		Transaction ID: SD10-INV3021	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 2625.63	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 163.50		Transaction ID: SD10-INV3022	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 163.50	

1) SUBTOTALS This Period This Page (optional)	▶	4850.66
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 77 / 111
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 88.43		Transaction ID: SD10-INV3023	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 88.43	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 408.75		Transaction ID: SD10-INV3024	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 408.75	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 408.75		Transaction ID: SD10-INV3025	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 408.75	

1) SUBTOTALS This Period This Page (optional)	▶	905.93
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 78 / 111
	FOR LINE NUMBER: (check only one)
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: Hospitality room Campaign Event	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 190.75		Transaction ID: SD10-INV3026	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 190.75	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: Holding room Campaign Event Exp	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period 81.75		Transaction ID: SD10-INV3027	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 81.75	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T Wireless Services		Nature of Debt (Purpose): Invoice: Telecomm services Administrativ	
Mailing Address PO 944039			
City Maitland	State FL	ZIP Code 32794	
Outstanding Balance Beginning This Period 487.48		Transaction ID: SD10-INV3034	
Amount Incurred This Period .00	Payment This Period 58.16	Outstanding Balance at Close of This Period 429.30	

1) SUBTOTALS This Period This Page (optional)	▶	701.80
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 79 / 111
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NRCC		Nature of Debt (Purpose): Invoice: Speaker Hastert's travel Travel	
Mailing Address 320 First Street SE			
City Washington State DC	ZIP Code 20003		
Outstanding Balance Beginning This Period 3229.00		Transaction ID: SD10-INV3154	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 3229.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pine Grill Inc		Nature of Debt (Purpose): Invoice: 5.28 Travel Expenses	
Mailing Address 800 N Center Avenue			
City Somerset State PA	ZIP Code 15501		
Outstanding Balance Beginning This Period 61.15		Transaction ID: SD1D-INV305B	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 61.15	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor TGI Fridays		Nature of Debt (Purpose): Invoice: 6.07.04 Travel Expenses	
Mailing Address Plank Road			
City Altoona State PA	ZIP Code 16802		
Outstanding Balance Beginning This Period 221.34		Transaction ID: SD1D-INV3059	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 221.34	

1) SUBTOTALS This Period This Page (optional)	▶	3511.49
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Friendly's		Nature of Debt (Purpose): Invoice: 6.07.04 Travel Expenses	
Mailing Address 200 Sierra Plaza			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3060	
88.19			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	88.19	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eat n Park Restaurants		Nature of Debt (Purpose): Invoice: 6.21.04 Travel Expenses	
Mailing Address Orchard Plaza			
City	State	ZIP Code	
Altoona	PA	16601	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3061	
10.58			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	10.58	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor La Colline Restaurant		Nature of Debt (Purpose): Invoice: 6/15 fundraiser meal Solicitati	
Mailing Address 400 North Capital Street NW Suite 175			
City	State	ZIP Code	
Washington	DC	20001	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3082	
680.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	680.00	

1) SUBTOTALS This Period This Page (optional)	▶	776.77
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 81 / 111
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period 37.00		Transaction ID: SD10-INV3083	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 37.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 6.17.04 Travel Expenses	
Mailing Address Street Required			
City Washington	State DC	ZIP Code 20515	
Outstanding Balance Beginning This Period 9.95		Transaction ID: SD1D-INV3084	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 9.95	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 6.24.04 meals Travel Expenses	
Mailing Address Street Required			
City Washington	State DC	ZIP Code 20515	
Outstanding Balance Beginning This Period 147.24		Transaction ID: SD1D-INV3085	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 147.24	

1) SUBTOTALS This Period This Page (optional)	▶	194.19
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate
 schedule(s)
 for each
 numbered line)

FOR LINE NUMBER:
 (check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 6.25.04 meal Travel Expenses	
Mailing Address Street Required			
City State ZIP Code Washington DC 20515			
Outstanding Balance Beginning This Period 45.60		Transaction ID: SD10-INV3086	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 45.60	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 7.9.04 meal Travel Expenses	
Mailing Address Street Required			
City State ZIP Code Washington DC 20515			
Outstanding Balance Beginning This Period 15.25		Transaction ID: SD10-INV3087	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 15.25	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Hill Club		Nature of Debt (Purpose): Invoice: various meals Travel Expenses	
Mailing Address 300 First Street SE			
City State ZIP Code Washington DC 20003			
Outstanding Balance Beginning This Period 91.76		Transaction ID: SD10-INV3088	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 91.76	

1) SUBTOTALS This Period This Page (optional)	▶	152.61
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 83 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Galileo Ristorante		Nature of Debt (Purpose): Invoice: 7.03.04 meal Travel Expenses	
Mailing Address 1110 21st Street NW			
City Washington	State DC	ZIP Code 20038	
Outstanding Balance Beginning This Period 58.50		Transaction ID: SD10-INV3089	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 58.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greener And Hook		Nature of Debt (Purpose): Invoice: August retainer and FedEx Adver	
Mailing Address 1875 Eye Street NW Suite 540			
City Washington	State DC	ZIP Code 20006	
Outstanding Balance Beginning This Period 6593.06		Transaction ID: SD10-INV3155	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 6593.06	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hotel New York Hilton		Nature of Debt (Purpose): Invoice: 7.29.04 stay Travel Expenses	
Mailing Address 53 Avenue of the Americas			
City New York	State NY	ZIP Code 10013	
Outstanding Balance Beginning This Period 200.00		Transaction ID: SD10-INV3111	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 200.00	

1) SUBTOTALS This Period This Page (optional)	▶	6851.56
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 84 / 111
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hotel New York Hilton		Nature of Debt (Purpose): Invoice: 7.30.04 stay Travel Expenses	
Mailing Address 53 Avenue of the Americas			
City State ZIP Code New York NY 10013			
Outstanding Balance Beginning This Period 200.00		Transaction ID: SD10-INV3112	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 200.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hotel New York Hilton		Nature of Debt (Purpose): Invoice: 7.30.04 stay Travel Expenses	
Mailing Address 53 Avenue of the Americas			
City State ZIP Code New York NY 10013			
Outstanding Balance Beginning This Period 200.00		Transaction ID: SD1D-INV3113	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 200.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hotel New York Hilton		Nature of Debt (Purpose): Invoice: 7.30.04 stay Travel Expenses	
Mailing Address 53 Avenue of the Americas			
City State ZIP Code New York NY 10013			
Outstanding Balance Beginning This Period 200.00		Transaction ID: SD1D-INV3114	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 200.00	

1) SUBTOTALS This Period This Page (optional)	▶	600.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 85 / 111
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Frsh Fields Whole Foods Market		Nature of Debt (Purpose): Invoice: 7.20.04 Travel Expenses	
Mailing Address 2323 Wisconsin Avenue NW			
City Washington	State DC	ZIP Code 20007	
Outstanding Balance Beginning This Period 148.28		Transaction ID: SD10-INV3116	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 148.28	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Hotel Restaurant		Nature of Debt (Purpose): Invoice: 7.23.04 Travel Expenses	
Mailing Address 401 South Juniata Street			
City Hollidaysburg	State PA	ZIP Code 16648	
Outstanding Balance Beginning This Period 26.68		Transaction ID: SD1D-INV3117	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 26.68	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dream Restaurant		Nature of Debt (Purpose): Invoice: 7.23.04 Travel Expenses	
Mailing Address 1500 Allegheny Street			
City Hollidaysburg	State PA	ZIP Code 16648	
Outstanding Balance Beginning This Period 4.73		Transaction ID: SD1D-INV3118	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 4.73	

1) SUBTOTALS This Period This Page (optional)	▶	179.67
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 88 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3119	
30.19			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	30.19	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn-Ligonier		Nature of Debt (Purpose): Invoice: 8.09.04 stay Travel Expenses	
Mailing Address 216 W Loyalhanna Street			
City	State	ZIP Code	
Ligonier	PA	15658	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV312D	
97.01			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	97.01	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn-Ligonier		Nature of Debt (Purpose): Invoice: 8.09.04 stay Travel Expenses	
Mailing Address 216 W Loyalhanna Street			
City	State	ZIP Code	
Ligonier	PA	15658	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3121	
97.01			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	97.01	

1) SUBTOTALS This Period This Page (optional)	▶	224.21
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hilton New York		Nature of Debt (Purpose): Invoice: Deposit Travel Expenses	
Mailing Address 1335 Avenue of the Americas			
City	State	ZIP Code	
New York	NY	10019	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3134	
200.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	200.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3135	
29.05			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	29.05	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Regency Transportation Group Limited		Nature of Debt (Purpose): Invoice: 8.18.04 limo Travel Expenses	
Mailing Address 1310 Superior Avenue			
City	State	ZIP Code	
Pittsburgh	PA	15212	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3136	
234.07			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	234.07	

1) SUBTOTALS This Period This Page (optional)	▶	463.12
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 88 / 111
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Regency Transportation Group Limited		Nature of Debt (Purpose): Invoice: 8.18.04 limo Travel Expenses	
Mailing Address 1310 Superior Avenue			
City Pittsburgh	State PA	ZIP Code 15212	
Outstanding Balance Beginning This Period 180.92		Transaction ID: SD10-INV3137	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 180.92	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amtrak		Nature of Debt (Purpose): Invoice: 8.24.04 Travel Expenses	
Mailing Address Market Street			
City Philadelphia	State PA	ZIP Code 19019	
Outstanding Balance Beginning This Period 124.95		Transaction ID: SD1D-INV313B	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 124.95	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Hill Club		Nature of Debt (Purpose): Invoice: various dinners Travel Expenses	
Mailing Address 300 First Street SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 199.55		Transaction ID: SD1D-INV314D	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 199.55	

1) SUBTOTALS This Period This Page (optional)	▶	505.42
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CVS Pharmacy			Nature of Debt (Purpose): Invoice: supplies Administrative/Salary/
Mailing Address 3200 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period			Transaction ID: SD10-INV3142
8.13			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	8.13	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hilton New York			Nature of Debt (Purpose): Invoice: Republican Convention Travel Ex
Mailing Address 1335 Avenue of the Americas			
City	State	ZIP Code	
New York	NY	10019	
Outstanding Balance Beginning This Period			Transaction ID: SD1D-INV3143
1745.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	1745.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Town Car Limo Service Inc.			Nature of Debt (Purpose): Invoice: Republican Convention Travel Ex
Mailing Address 245 W 72nd Street			
City	State	ZIP Code	
New York	NY	10023	
Outstanding Balance Beginning This Period			Transaction ID: SD1D-INV3144
92.41			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	92.41	

1) SUBTOTALS This Period This Page (optional)	▶	1845.54
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Altoona Mirror		Nature of Debt (Purpose): Invoice: Newspapers Admin- istrative/Salar	
Mailing Address PO Box 200B			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3145	
14.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	14.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greener And Hook		Nature of Debt (Purpose): Invoice: Final retainer Advertising Expe	
Mailing Address 1875 Eye Street NW Suite 540			
City	State	ZIP Code	
Washington	DC	20006	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3156	
5000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	.00	5000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hilton New York		Nature of Debt (Purpose): Invoice: Republican conven- tion Travel Ex	
Mailing Address 1335 Avenue of the Americas			
City	State	ZIP Code	
New York	NY	10019	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV317B	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1240.65	.00	1240.65	

1) SUBTOTALS This Period This Page (optional)	▶	6254.65
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 91 / 111
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hilton New York		Nature of Debt (Purpose): Invoice: Republican convention Travel Ex	
Mailing Address 1335 Avenue of the Americas			
City New York	State NY	ZIP Code 10019	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3179	
Amount Incurred This Period 917.85	Payment This Period 713.55	Outstanding Balance at Close of This Period 204.30	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor McAfee Software		Nature of Debt (Purpose): Invoice: Antivirus software Administrati	
Mailing Address 3885 Freedom Circle			
City Santa Clara	State CA	ZIP Code 95054	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3181	
Amount Incurred This Period 29.95	Payment This Period .00	Outstanding Balance at Close of This Period 29.95	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Alltana	State PA	ZIP Code 18802	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3183	
Amount Incurred This Period 14.54	Payment This Period .00	Outstanding Balance at Close of This Period 14.54	

1) SUBTOTALS This Period This Page (optional)	▶	248.79
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Johnny On The Spot			Nature of Debt (Purpose): Invoice: Administrative/ Salary/Overhead		
Mailing Address 2802 Pleasant Valley Blvd					
City	State	ZIP Code			
Altoona	PA	16802			
Outstanding Balance Beginning This Period			Transaction ID: SD10-INV3184		
.00					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
14.83		.00	14.83		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Marzoni's			Nature of Debt (Purpose): Invoice: 100204 Travel Ex- penses		
Mailing Address 165 Patchway Road					
City	State	ZIP Code			
Duncansville	PA	16635			
Outstanding Balance Beginning This Period			Transaction ID: SD10-INV3185		
.00					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
25.56		.00	25.56		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Town Car Limo Service Inc.			Nature of Debt (Purpose): Invoice: 080504 service Travel Expenses		
Mailing Address 245 W 72nd Street					
City	State	ZIP Code			
New York	NY	10023			
Outstanding Balance Beginning This Period			Transaction ID: SD10-INV3186		
.00					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
80.38		.00	80.38		

1) SUBTOTALS This Period This Page (optional)	▶	120.77
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Hill Club		Nature of Debt (Purpose): Invoice: 091704 Travel Ex- penses	
Mailing Address 300 First Street SE			
City	State	ZIP Code	
Washington	DC	20003	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3187	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
51.73	.00	51.73	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 082904 Travel Ex- penses	
Mailing Address Street Required			
City	State	ZIP Code	
Washington	DC	20515	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3188	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
64.15	.00	64.15	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 100504 Travel Ex- penses	
Mailing Address Street Required			
City	State	ZIP Code	
Washington	DC	20515	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3189	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
9.95	.00	9.95	

1) SUBTOTALS This Period This Page (optional)	▶	125.83
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 100804 Travel Expenses	
Mailing Address Street Required			
City State ZIP Code Washington DC 20515			
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3190	
Amount Incurred This Period 49.60	Payment This Period .00	Outstanding Balance at Close of This Period 49.60	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invoice: 04-B5-001G Unity Letter Campaign	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City State ZIP Code Malvern PA 19355			
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV3201	
Amount Incurred This Period 7875.00	Payment This Period .00	Outstanding Balance at Close of This Period 7875.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hampton Inn		Nature of Debt (Purpose): Invoice: 1D.22 stay Travel Expenses	
Mailing Address 180 Charlotte Drive			
City State ZIP Code Altoona PA 16801			
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV3224	
Amount Incurred This Period 157.40	Payment This Period .00	Outstanding Balance at Close of This Period 157.40	

1) SUBTOTALS This Period This Page (optional)	▶	8082.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 95 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hampton Inn		Nature of Debt (Purpose): Invoice: 1D.22 stay Travel Expenses	
Mailing Address 180 Charlotte Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3225	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
157.40	.00	157.40	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hampton Inn		Nature of Debt (Purpose): Invoice: 1D.23 stay Travel Expenses	
Mailing Address 180 Charlotte Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3226	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
383.50	.00	383.50	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Of Representatives		Nature of Debt (Purpose): Invoice: Gift R. Young Administrative/Sa	
Mailing Address House Gift Shop B-217 Longworth Bldg			
City	State	ZIP Code	
Washington	DC	20515	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3227	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
129.60	.00	129.60	

1) SUBTOTALS This Period This Page (optional)	▶	680.50
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 98 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Zachs Sports And Spirits		Nature of Debt (Purpose): Invoice: 11.04.04 Travel Expenses	
Mailing Address 5820 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3236	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
65.00	.00	65.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Zachs Sports And Spirits		Nature of Debt (Purpose): Invoice: 1D.31.04 Travel Expenses	
Mailing Address 5820 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3237	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
122.87	.00	122.87	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Hill Club		Nature of Debt (Purpose): Invoice: 1D.14.04 Administrative/Salary/	
Mailing Address 300 First Street SE			
City	State	ZIP Code	
Washington	DC	20003	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3238	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
375.00	.00	375.00	

1) SUBTOTALS This Period This Page (optional)	▶	562.87
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate
 schedule(s)
 for each
 numbered line)

FOR LINE NUMBER:
 (check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allegro Restaurant		Nature of Debt (Purpose): Invoice: 10.21.04 Travel Expenses	
Mailing Address 3926 Broad Avenue			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3239	
Amount Incurred This Period 198.40	Payment This Period .00	Outstanding Balance at Close of This Period 198.40	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hampton Inn		Nature of Debt (Purpose): Invoice: 10.22.04 stay Travel Expenses	
Mailing Address 180 Charlotte Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3240	
Amount Incurred This Period 78.89	Payment This Period .00	Outstanding Balance at Close of This Period 78.89	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hampton Inn		Nature of Debt (Purpose): Invoice: 11.02.04 stay Travel Expenses	
Mailing Address 180 Charlotte Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3241	
Amount Incurred This Period 157.40	Payment This Period .00	Outstanding Balance at Close of This Period 157.40	

1) SUBTOTALS This Period This Page (optional)	▶	434.49
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

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	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Knickerbocker Tavern		Nature of Debt (Purpose): Invoice: 10.22.04 Travel Expenses	
Mailing Address 3957 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3242	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
168.61	.00	168.61	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Comfort Inns		Nature of Debt (Purpose): Invoice: 10.22.04 Travel Expenses	
Mailing Address 1350 Indian Springs Road			
City	State	ZIP Code	
Indiana	PA	15701	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3243	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
270.32	.00	270.32	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 11.02 stay Travel Expenses	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3244	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
79.57	.00	79.57	

1) SUBTOTALS This Period This Page (optional)	▶	518.50
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 99 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 11.02 stay Travel Expenses	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3245	
Amount Incurred This Period 79.57	Payment This Period .00	Outstanding Balance at Close of This Period 79.57	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunoco		Nature of Debt (Purpose): Invoice: gasoline Administrative/Salary/	
Mailing Address 1700 Seventh Avenue			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3246	
Amount Incurred This Period 32.83	Payment This Period .00	Outstanding Balance at Close of This Period 32.83	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 360002			
City Altoona	State PA	ZIP Code 33338	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3228	
Amount Incurred This Period 145.20	Payment This Period .00	Outstanding Balance at Close of This Period 145.20	

1) SUBTOTALS This Period This Page (optional)	▶	257.70
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 100 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TGI Fridays		Nature of Debt (Purpose): Invoice: 1D.11.04 Travel Expenses	
Mailing Address Plank Road			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3229	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
27.00	.00	27.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dream Restaurant		Nature of Debt (Purpose): Invoice: 1D.26.04 Travel Expenses	
Mailing Address 1500 Allegheny Street			
City	State	ZIP Code	
Hollidaysburg	PA	16648	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV323D	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
44.13	.00	44.13	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dream Restaurant		Nature of Debt (Purpose): Invoice: 1D.29.04 Travel Expenses	
Mailing Address 1500 Allegheny Street			
City	State	ZIP Code	
Hollidaysburg	PA	16648	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3231	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
71.34	.00	71.34	

1) SUBTOTALS This Period This Page (optional)	▶	142.47
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 101 / 111
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dream Restaurant		Nature of Debt (Purpose): Invoice: 11.01.04 Travel Expenses	
Mailing Address 1500 Allegheny Street			
City	State	ZIP Code	
Hollidaysburg	PA	16848	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3232	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
28.00	.00	28.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3233	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
35.75	.00	35.75	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3234	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
22.00	.00	22.00	

1) SUBTOTALS This Period This Page (optional)	▶	85.75
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

Bill Shuster for Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Sheetz Inc

Nature of Debt (Purpose):
Invoice; gasoline Adminis-
trative/Salary/

Mailing Address 5700 Sixth Avenue

City	State	ZIP Code
Altoona	PA	16802

Outstanding Balance Beginning This Period

Transaction ID: SD10-INV9235

.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

30.27

.00

30.27

1) SUBTOTALS This Period This Page (optional)	▶	30.27
2) TOTALS This Period (last page this line number only)	▶	106233.04
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 103 / 111
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Haube on the Hill		Nature of Debt (Purpose): Invoice: Fundraiser event Solicitation a	
Mailing Address PO Box 912			
City	State	ZIP Code	
Great Falls	VA	22088	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2791	
-1034.91			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	-1034.91	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Haube on the Hill		Nature of Debt (Purpose): Invoice: Fundraiser catering Solicitatio	
Mailing Address PO Box 912			
City	State	ZIP Code	
Great Falls	VA	22066	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2767	
1223.16			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	1223.16	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Commonwealth Bank		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 0537			
City	State	ZIP Code	
Indiana	PA	15701	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV2939	
127.35			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	127.35	.00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

8
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capital Hill Suites		Nature of Debt (Purpose): Invoice: 5.18 Travel Expenses	
Mailing Address 200 C Street, SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 187.15		Transaction ID: SD9-INV3035	
Amount Incurred This Period .00	Payment This Period 187.15	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Confertel		Nature of Debt (Purpose): Invoice: 6.3 Administrative/Salary/Overh	
Mailing Address 2385 Camino Vida Roble Suite 112			
City Carlsbad	State CA	ZIP Code 92009	
Outstanding Balance Beginning This Period 3.40		Transaction ID: SD9-INV3036	
Amount Incurred This Period .00	Payment This Period 3.40	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wyndham Garden Hotel		Nature of Debt (Purpose): Invoice: 6.5 Travel Expenses	
Mailing Address 765 Eisenhower Blvd			
City Harrisburg	State PA	ZIP Code 17111	
Outstanding Balance Beginning This Period 43.50		Transaction ID: SD9-INV3037	
Amount Incurred This Period .00	Payment This Period 43.50	Outstanding Balance at Close of This Period .00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hoss's Steak And Sea		Nature of Debt (Purpose): Invoice: 5.26 Travel Expenses	
Mailing Address Wye Switches			
City	State	ZIP Code	
Duncansville	PA	16835	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3038	
105.09			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	105.09	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Commonwealth Bank		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 0537			
City	State	ZIP Code	
Indiana	PA	15701	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3015	
147.22			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	147.22	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Late payment fee Administrative	
Mailing Address PO Box 360002			
City	State	ZIP Code	
Alltona	PA	33338	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3028	
35.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	35.00	.00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 106 / 111
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 380002			
City Altoona	State PA	ZIP Code 33338	
Outstanding Balance Beginning This Period 130.64		Transaction ID: SD9-INV3029	
Amount Incurred This Period .00	Payment This Period 130.64	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 34.00		Transaction ID: SD9-INV3030	
Amount Incurred This Period .00	Payment This Period 34.00	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period 35.70		Transaction ID: SD9-INV3031	
Amount Incurred This Period .00	Payment This Period 35.70	Outstanding Balance at Close of This Period .00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 8
		10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3032	
33.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	33.00	.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Membership renewal fee Administ	
Mailing Address PO Box 360002			
City	State	ZIP Code	
Altoona	PA	33336	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3033	
10.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	10.00	.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Commonwealth Bank		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 0537			
City	State	ZIP Code	
Indiana	PA	15701	
Outstanding Balance Beginning This Period		Transaction ID: SD9-INV3082	
152.83			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
.00	152.83	.00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 108 / 111
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 360002			
City Rockville	State MD	ZIP Code 33338	
Outstanding Balance Beginning This Period 144.83		Transaction ID: SD9-INV3081	
Amount Incurred This Period .00	Payment This Period 144.83	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Daily American		Nature of Debt (Purpose): Invoice: Fireworks Sponsor Donations	
Mailing Address 334 W Main Street PO Box 636			
City Somerset	State PA	ZIP Code 15501	
Outstanding Balance Beginning This Period 2000.00		Transaction ID: SD9-INV3153	
Amount Incurred This Period .00	Payment This Period 2000.00	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 360002			
City New York	State NY	ZIP Code 33338	
Outstanding Balance Beginning This Period 148.20		Transaction ID: SD9-INV3115	
Amount Incurred This Period .00	Payment This Period 148.20	Outstanding Balance at Close of This Period .00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 380002			
City Allentown	State PA	ZIP Code 18106	
Outstanding Balance Beginning This Period 154.58		Transaction ID: SD9-INV3133	
Amount Incurred This Period .00	Payment This Period 154.58	Outstanding Balance at Close of This Period .00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon		Nature of Debt (Purpose): Invoice: 814 898 0225 608 28 Y Administr	
Mailing Address PO Box 8585			
City Philadelphia	State PA	ZIP Code 19173	
Outstanding Balance Beginning This Period 164.46		Transaction ID: SD9-INV3166	
Amount Incurred This Period .00	Payment This Period 164.46	Outstanding Balance at Close of This Period .00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T Wireless Services		Nature of Debt (Purpose): Invoice: 2202375066 Admin- istrative/Salar	
Mailing Address PO 944039			
City Maitland	State FL	ZIP Code 32794	
Outstanding Balance Beginning This Period 194.73		Transaction ID: SD9-INV3189	
Amount Incurred This Period .00	Payment This Period 194.73	Outstanding Balance at Close of This Period .00	

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

Bill Shuster for Congress

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

8
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ATLANTIC broadband

Nature of Debt (Purpose):
Invoice: 8335 20 042 0024-
80 Administrati

Mailing Address 2200 Beale Avenue

City	State	ZIP Code
Altoona	PA	16801

Outstanding Balance Beginning This Period

Transaction ID: SD9-INV3170

99.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

.00

99.00

.00

1) SUBTOTALS This Period This Page (optional)	▶	0.00
2) TOTALS This Period (last page this line number only)	▶	0.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Form/Schedule: F38

The accompanying Report of Receipts and Disbursements from October 14, 2004 through November 22, 2004 for the Bill Shuster for Congress Committee included in the prescribed form have been prepared by Frederick A. Ciocca CPA. I have prepared such financial statements in my capacity as treasurer of the Bill Shuster for Congress Committee.

Transaction ID:

