

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 07 2006 in the State of PA

5. Covering Period 10 19 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Frederick A Ciocca

Signature of Treasurer Electronically Filed by Frederick A Ciocca Date 01 30 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 7 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 36855.00 | 855437.77 |
| (b) Total Contribution Refunds (from Line 20(d))..... | .00 | 900.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 36855.00 | 854537.77 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 142371.94 | 722481.76 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 1088.04 | 4812.30 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 141283.90 | 717669.46 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 45320.59 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 170.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 7500.00 | |

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

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: 10 19 2006 To: 11 27 2006

I. RECEIPTS

Table with 3 columns: COLUMN A Total this Period, COLUMN B Election Cycle Total as of, COLUMN C Total for. Rows include 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A), (ii) Unitemized, (iii) Total of contributions from individuals, (b) Political Party Committees, (c) Other Political Committees.

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and 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 * (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)) | | |
| 36855.00 | 855437.77 | 2000.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| .00 | .00 | .00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate | | |
| .00 | .00 | .00 |
| (b). All Other Loans | | |
| .00 | 440000.00 | .00 |
| (c). TOTAL LOANS (add Lines 13(a) and (b)) | | |
| .00 | 440000.00 | .00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) | | |
| 1088.04 | 4812.30 | 1088.04 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc) | | |
| .00 | .00 | .00 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) | | |
| 37943.04 | 1300250.07 | 3088.04 |

**POST ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Bill Shuster for Congress

Report the covering period

From:

10

19

2006

To:

11

27

2006

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 | | |
| 142371.94 | 722481.76 | 46005.86 |
| 18. TRANSFER TO OTHER AUTHORIZED COMMITTEES | | |
| .00 | .00 | .00 |
| 19. LOAN PAYMENTS | | |
| (a) Of Loans Made or Guaranteed by the Candidate | | |
| .00 | 2000.00 | .00 |
| (b) Of All Other Loans | | |
| .00 | 450000.00 | .00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) | | |
| .00 | 452000.00 | .00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| .00 | 900.00 | .00 |
| (b) Political Party Committees | | |
| .00 | .00 | .00 |

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

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 | 900.00 | .00 |
|-----|--------|-----|

21. OTHER DISBURSEMENTS

| | | |
|----------|----------|---------|
| 13912.90 | 95072.86 | 3645.00 |
|----------|----------|---------|

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

| | | |
|-----------|------------|----------|
| 156284.84 | 1270454.62 | 49650.86 |
|-----------|------------|----------|

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))

| | | |
|----------|-----------|---------|
| 36855.00 | 854537.77 | 2000.00 |
|----------|-----------|---------|

IV. NET OPERATING EXPENDITURES

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

| | | |
|-----------|-----------|----------|
| 141283.90 | 717669.46 | 44917.82 |
|-----------|-----------|----------|

V. CASH SUMMARY

| | |
|--|-----------|
| 23. CASH ON HAND AT BEGINING OF REPORTING PERIOD | 163662.39 |
| 24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16)..... | 37943.04 |
| 25. SUBTOTAL(add Line 23 and Line 24) | 201605.43 |
| 26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22)..... | 156284.84 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25)..... | 45320.59 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 75 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Victor C Barringer

Mailing Address PO Box 829

City State Zip Code
Weldon NC 27890

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

Name of Employer Coastal Lumber Company Occupation President & CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11Ai-CN5198

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
James F Bittner

Mailing Address 5042 Riverview Road

City State Zip Code
Everett PA 15537

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

Name of Employer Snyder's Gateway Occupation Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11Ai-CN5191

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 470 Forbes Road

City State Zip Code
Bedford PA 15522

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

Name of Employer Breezewood Enterprises Occupation Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11Ai-CN5190

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/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: (check only one) | PAGE 8 / 75 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Glenn Brandimarte

Mailing Address 11 Linden Street

City Hollidaysburg State PA Zip Code 16648

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

Name of Employer ORX Corporation Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: SA11Ai-CN5287

Amount of Each Receipt this Period
 1250.00

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

B. Full Name (Last, First, Middle Initial)
Lucille M Dennis

Mailing Address 807 Flat Rock Road

City Markleysburg State PA Zip Code 15459

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

Name of Employer Dennis Lumber Company Inc Occupation Bookkeeper

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11Ai-CN5255

Amount of Each Receipt this Period
 250.00

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

C. Full Name (Last, First, Middle Initial)
Edith M Fischer

Mailing Address 194 Locust Street

City Alum Bank State PA Zip Code 15521

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: SA11Ai-CN5296

Amount of Each Receipt this Period
 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 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: (check only one) | PAGE 9 / 75 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Richard E Hall

Mailing Address 13 Beverly Blvd

City State Zip Code
Altoona PA 16601

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

Name of Employer Occupation
The Barash Group President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

750.00

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

Transaction ID: SA11Ai-CN5293

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Richard L Karcher

Mailing Address 124 Stonehedge Road

City State Zip Code
Hollidaysburg PA 16648

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

Name of Employer Occupation
Burt Hill Architect/Project Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

650.00

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

Transaction ID: SA11Ai-CN5281

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Robert S Marcus

Mailing Address 57 South Sixth Street

City State Zip Code
Indiana PA 15701

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

Name of Employer Occupation
Marcus & Mack Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

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

Transaction ID: SA11Ai-CN5278

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 75 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
James C Miller

Mailing Address 207 Concord Street

City State Zip Code
Indiana PA 15701

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

Name of Employer S&T Bank Occupation Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

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

Transaction ID: SA11Ai-CN5276

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Dilworth Paxson LLP

Mailing Address 112 Market St Eighth Floor

City State Zip Code
Harrisburg PA 17101

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

Name of Employer None Occupation None

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11Ai-CN5192

Amount of Each Receipt this Period
250.00

100% from Victor Stabile

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

C. Full Name (Last, First, Middle Initial)
Victor P Stabile

Mailing Address 255 Old Stone House Road

City State Zip Code
Carlisle PA 17013

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

Name of Employer Dilworth Parson LLP Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11Ai-CN5193

Amount of Each Receipt this Period
250.00

Partnership contribution-Victor

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

[MEMO ITEM]
\$250.00 MEMO Partnership Attributed

SUBTOTAL of Receipts This Page (optional) ▶ **350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 75 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Lawruk Properties Partnership

Mailing Address 210 Plank Rd W

City Altoona State PA Zip Code 16602

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

Name of Employer None Occupation None

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11Ai-CN5256

Amount of Each Receipt this Period
1000.00

100% from Dan Lawruk

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

B. Full Name (Last, First, Middle Initial)
Daniel R Lawruk

Mailing Address 41 Majestic Circle

City Hollidaysburg State PA Zip Code 16648

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

Name of Employer Lawruk Builders Inc. Occupation Construction Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11Ai-CN5257

Amount of Each Receipt this Period
1000.00

Partnership contribution-Daniel

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

[MEMO ITEM]
\$1000.00 MEMO Partnership Attributed

C. Full Name (Last, First, Middle Initial)
P Jules Patt

Mailing Address 422 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

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

Name of Employer Self Occupation Real Estate Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11Ai-CN5253

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **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: (check only one) | PAGE 12 / 75 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Katherine M Pippy

Mailing Address 7018 Weeping Willow Drive

City State Zip Code
Moon Township PA 15108

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

Name of Employer Buchanan Ingersoll PC
Occupation Asst Director - Government Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11Ai-CN5196

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Dr. Sohael M Raschid

Mailing Address 773 Rosewood Ct

City State Zip Code
Chambersburg PA 17201

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

Name of Employer Women's Health Professionals
Occupation OB/GYN Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11Ai-CN5261

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Robin Reschini

Mailing Address 690 School Street

City State Zip Code
Indiana PA 15701

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

Name of Employer Reschini Insurance Agency Inc
Occupation Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

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

Transaction ID: SA11Ai-CN5286

Amount of Each Receipt this Period
2100.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2400.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 75 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address 414 Old Farm Lane

City State Zip Code
Johnstown PA 15904

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

Name of Employer Occupation
The EADS Group President/Engineer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11Ai-CN5250

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Phyllis Thaler

Mailing Address 132 Twin Oaks Ln

City State Zip Code
Hollidaysburg PA 16648

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

Name of Employer Occupation
Gilcom Associates Media Consultant

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: SA11Ai-CN5260

Amount of Each Receipt this Period
1250.00

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

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

Mailing Address Box 35 Frankstown Road

City State Zip Code
Hollidaysburg PA 16648

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

Name of Employer Occupation
Ward Trucking Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

850.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11Ai-CN5251

Amount of Each Receipt this Period
750.00

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

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) | 2500.00 |
| TOTAL This Period (last page this line number only) | 11800.00 |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 75 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
CAEA/PACE

Mailing Address 210 Clair St

City State Zip Code
Connellsville PA 15425

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
150.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 07 / 2006

Transaction ID: SA11C-CN5292

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Friends of Dave Reed

Mailing Address PO Box 1440

City State Zip Code
Indiana PA 15701

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
75.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 25 / 2006

Transaction ID: SA11C-CN5267

Amount of Each Receipt this Period
75.00

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

C. Full Name (Last, First, Middle Initial)
Goals For Americans Foundation

Mailing Address 11100 Linpage Pl

City State Zip Code
Saint Louis MO 63132

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
50.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 26 / 2006

Transaction ID: SA11C-CN5277

Amount of Each Receipt this Period
50.00

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

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 175.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 75 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. American Council of Engineering | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 |
| Mailing Address 1015 15th Street NW Suite 802 | | Transaction ID: SA11C-CN5249 |
| City Washington State DC Zip Code 20005 | FEC ID number of contributing federal political committee. C C00010868 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer none Occupation none | Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Election Cycle-to-Date ▼ 5000.00 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. American Hospital Association | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6 |
| Mailing Address 325 Seventh Street NW | | Transaction ID: SA11C-CN5290 |
| City Washington State DC Zip Code 20004 | FEC ID number of contributing federal political committee. C C00106146 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer none Occupation none | Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Election Cycle-to-Date ▼ 7000.00 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. ARCADIS G & M | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 630 Plaza Dr Suite 200 | | Transaction ID: SA11C-CN5199 |
| City Highlands Ranch State CO Zip Code 80129 | FEC ID number of contributing federal political committee. C C00388983 | Amount of Each Receipt this Period 2000.00 |
| Name of Employer None Occupation None | Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Election Cycle-to-Date ▼ 2000.00 | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 75 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Associated Builders & Contractors

Full Name (Last, First, Middle Initial)
Mailing Address 4250 North Fairfax Drive
Ninth Floor

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00010421

Name of Employer none Occupation none

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

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

Transaction ID: SA11C-CN5271

Amount of Each Receipt this Period
2500.00

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

B. ConocoPhillips Spirit

Full Name (Last, First, Middle Initial)
Mailing Address 1400B Plaza Office Building

City Bartlesville State OK Zip Code 74004

FEC ID number of contributing federal political committee. **C** C00112896

Name of Employer none Occupation none

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11C-CN5291

Amount of Each Receipt this Period
1000.00

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

C. Consol Energy Inc

Full Name (Last, First, Middle Initial)
Mailing Address 1800 Washington Rd

City Pittsburgh State PA Zip Code 15241

FEC ID number of contributing federal political committee. **C** C00279331

Name of Employer None Occupation None

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11C-CN5197

Amount of Each Receipt this Period
500.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 75 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Dairy Educational

Full Name (Last, First, Middle Initial)
Mailing Address 10220 N Ambassador Drive
PO Box 909700

City Kansas City State MO Zip Code 64190

FEC ID number of contributing federal political committee. **C** C00001388

Name of Employer none Occupation none

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: SA11C-CN5294

Amount of Each Receipt this Period
1000.00

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

B. Dominion

Full Name (Last, First, Middle Initial)
Mailing Address One James River Plaza
PO Box 26666

City Richmond State VA Zip Code 23261

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

Name of Employer none Occupation none

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11C-CN5203

Amount of Each Receipt this Period
1000.00

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

C. Exelon Corporation

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 805379

City Chicago State IL Zip Code 60680

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer none Occupation none

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11C-CN5254

Amount of Each Receipt this Period
1500.00

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3500.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 75 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Hardwood Federation

Mailing Address 1111 Nineteenth Street NW
Suite 800

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00396671

Name of Employer none Occupation none

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: SA11C-CN5297

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Klett Rooney Lieber Schorling

Mailing Address 1 Oxford Centre 40th Floor

City Pittsburgh State PA Zip Code 15219

FEC ID number of contributing federal political committee. **C** C00366377

Name of Employer none Occupation none

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: SA11C-CN5252

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address One High Ridge Park

City Stamford State CT Zip Code 06905

FEC ID number of contributing federal political committee. **C** C00065987

Name of Employer none Occupation none

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11C-CN5201

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 75 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Michael Baker Corporation | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 100 Airside Drive | | Transaction ID: SA11C-CN5289 | |
| City State Zip Code Moon Township PA 15108 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00403477 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer none Occupation none | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 3000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. National Community Pharmacists Assoc | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 | |
| Mailing Address 100 Daingerfield Rd | | Transaction ID: SA11C-CN5295 | |
| City State Zip Code Alexandria VA 22314 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00030809 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer None Occupation None | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 1000.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. National Utility Contractors | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 | |
| Mailing Address 4301 N Fairfax Drive Suite 360 | | Transaction ID: SA11C-CN5270 | |
| City State Zip Code Arlington VA 22203 | | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C C00004101 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer none Occupation none | | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 2000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 4000.00 |
| 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 20 / 75 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address One PPG Pl
7 West

City Pittsburgh State PA Zip Code 15272

FEC ID number of contributing federal political committee. **C** C00034298

Name of Employer none Occupation none

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11C-CN5194

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 1101 Pennsylvania Ave NW
Suite 510

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00025346

Name of Employer none Occupation none

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11C-CN5202

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Taxicab Limousine & Paratransit

Mailing Address 3849 Farragut Avenue

City Kensington State MD Zip Code 20895

FEC ID number of contributing federal political committee. **C** C00132480

Name of Employer none Occupation none

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: SA11C-CN5200

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 23675.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | | | |
|--|------------------------------|------------------------------|--|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 21 / 75 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | |
| <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 |
|--|

| | |
|---|-------------------------------------|
| A. Full Name (Last, First, Middle Initial) North American Communications Inc. | |
| Mailing Address PO Box 39 | |
| City Duncansville | State Zip Code PA 16635 |
| FEC ID number of contributing federal political committee. C | |
| Name of Employer | Occupation |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1088.04 |

| |
|---|
| Date of Receipt MM / DD / YYYY 11 / 15 / 2006 |
| Transaction ID: SA14-ER75 |
| Amount of Each Receipt this Period 1088.04 |
| Expenditure Refund <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1088.04 |
| TOTAL This Period (last page this line number only) | ▶ | 1088.04 |

**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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. US Postal Service | | Transaction ID: SB17-EX4539 Date of Disbursement 10 / 25 / 2006 |
| Mailing Address 525 Allegheny Street | | Amount of Each Disbursement this Period 39.00 |
| City Hollidaysburg State PA Zip Code 16648 | Purpose of Disbursement Postage Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Public Opinion Newspaper | | Transaction ID: SB17-EX4579 Date of Disbursement 11 / 27 / 2006 |
| Mailing Address PO Box 499 | | Amount of Each Disbursement this Period 1725.07 |
| City Chambersburg State PA Zip Code 17201 | Purpose of Disbursement Print Ads Candidate Name Category/Type 004 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Advertising Expenses |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. William Shuster | | Transaction ID: SB17-EX4499 Date of Disbursement 11 / 08 / 2006 |
| Mailing Address 9 Overlook Drive | | Amount of Each Disbursement this Period 149.60 |
| City Hollidaysburg State PA Zip Code 16648 | Purpose of Disbursement Vehicle Expenses Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1913.67 |
| 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:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. William Shuster | | Transaction ID: SB17-EX4527 Date of Disbursement 11 / 20 / 2006 |
| Mailing Address 9 Overlook Drive | | Amount of Each Disbursement this Period 620.24 |
| City Hollidaysburg State PA Zip Code 16648 | Purpose of Disbursement Fundraising Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Solitation and Fundrais- ing Expenses |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. William Shuster | | Transaction ID: SB17-EX4528 Date of Disbursement 11 / 21 / 2006 |
| Mailing Address 9 Overlook Drive | | Amount of Each Disbursement this Period 65.88 |
| City Hollidaysburg State PA Zip Code 16648 | Purpose of Disbursement Vehicle Expenses Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Ove- rhead Expenses |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. William Shuster | | Transaction ID: SB17-EX4530 Date of Disbursement 11 / 22 / 2006 |
| Mailing Address 9 Overlook Drive | | Amount of Each Disbursement this Period 18.00 |
| City Hollidaysburg State PA Zip Code 16648 | Purpose of Disbursement Taxi/Car/Bus Expense Candidate Name Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 704.12 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 24 / 75

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Circuit City Stores Inc | | Transaction ID: SB17-EX4577 Date of Disbursement 11 / 27 / 2006 |
| Mailing Address 141 Sierra Drive | | Amount of Each Disbursement this Period 2385.96 |
| City Altoona State PA Zip Code 16601 | Purpose of Disbursement Office Expenses Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Ciocca Benton & Company P.C. | | Transaction ID: SB17-EX4460 Date of Disbursement 10 / 20 / 2006 |
| Mailing Address 912 Pleasant Valley Blvd | | Amount of Each Disbursement this Period 3000.00 |
| City Altoona State PA Zip Code 16602 | Purpose of Disbursement Professional Services Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Verizon | | Transaction ID: SB17-EX4459 Date of Disbursement 10 / 20 / 2006 |
| Mailing Address PO Box 646 | | Amount of Each Disbursement this Period 151.21 |
| City Baltimore State MD Zip Code 21265 | Purpose of Disbursement Telephone Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 5537.17 |
| 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 |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon | | Transaction ID: SB17-EX4509 Date of Disbursement 11 / 09 / 2006 |
| Mailing Address PO Box 646 | | Amount of Each Disbursement this Period 262.31 |
| City Baltimore State MD Zip Code 21265 | Purpose of Disbursement Telephone Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Sunoco | | Transaction ID: SB17-EX4575 Date of Disbursement 11 / 27 / 2006 |
| Mailing Address 1700 Seventh Avenue | | Amount of Each Disbursement this Period 23.17 |
| City Altoona State PA Zip Code 16602 | Purpose of Disbursement Vehicle Expenses Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Sunoco | | Transaction ID: SB17-EX4588 Date of Disbursement 11 / 27 / 2006 |
| Mailing Address 1700 Seventh Avenue | | Amount of Each Disbursement this Period 12.49 |
| City Altoona State PA Zip Code 16602 | Purpose of Disbursement Vehicle Expenses Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 297.97 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|---|
| <p>A. Sheetz Inc</p> <p>Full Name (Last, First, Middle Initial) Sheetz Inc</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Vehicle Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB17-EX4514</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="44.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Administrative/Salary/Overhead Expenses</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="001"/></p> | | |

| | | |
|--|--|---|
| <p>B. Sheetz Inc</p> <p>Full Name (Last, First, Middle Initial) Sheetz Inc</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Vehicle Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB17-EX4515</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="39.25"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Administrative/Salary/Overhead Expenses</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="001"/></p> | | |

| | | |
|--|--|---|
| <p>C. Sheetz Inc</p> <p>Full Name (Last, First, Middle Initial) Sheetz Inc</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Vehicle Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB17-EX4516</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="36.60"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Administrative/Salary/Overhead Expenses</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="001"/></p> | | |

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| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="119.85"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|--|
| A. Sheetz Inc Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Vehicle Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17-EX4556 Date of Disbursement 11 / 27 / 2006 Amount of Each Disbursement this Period 37.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |
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| | | |
|--|--|--|
| B. Sheetz Inc Full Name (Last, First, Middle Initial) Mailing Address 5700 Sixth Avenue City Altoona State PA Zip Code 16602 Purpose of Disbursement Vehicle Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17-EX4562 Date of Disbursement 11 / 27 / 2006 Amount of Each Disbursement this Period 22.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |
|--|--|--|

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|---|--|--|
| C. Exxon Full Name (Last, First, Middle Initial) Mailing Address 542 South Center Street City Ebensburg State PA Zip Code 15931 Purpose of Disbursement Vehicle Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17-EX4517 Date of Disbursement 10 / 25 / 2006 Amount of Each Disbursement this Period 27.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 86.66 |
| 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 28 / 75

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Exxon</p> | | <p>Transaction ID: SB17-EX4568 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 2 | 7 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 2 | 7 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| <p>Mailing Address 542 South Center Street</p> | | <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>41.30</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p> | | 41.30 | | | | | | | | | | | | | | | | | | | |
| 41.30 | | | | | | | | | | | | | | | | | | | | | | | |
| <p>City Ebensburg State PA Zip Code 15931</p> | <p>Purpose of Disbursement Vehicle Expenses</p> | <p>Category/Type <table border="1"> <tr> <td>001</td> </tr> </table> </p> | | 001 | | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name</p> | <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: </p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Administrative/Salary/Overhead Expenses</p> | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|---|---|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <p>B. Full Name (Last, First, Middle Initial) Staples-291 Altoona</p> | | <p>Transaction ID: SB17-EX4581 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 2 | 7 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 2 | 7 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| <p>Mailing Address Plank Road/Orchard Plaza</p> | | <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>50.84</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p> | | 50.84 | | | | | | | | | | | | | | | | | | | |
| 50.84 | | | | | | | | | | | | | | | | | | | | | | | |
| <p>City Altoona State PA Zip Code 16602</p> | <p>Purpose of Disbursement Office Expenses</p> | <p>Category/Type <table border="1"> <tr> <td>001</td> </tr> </table> </p> | | 001 | | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name</p> | <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: </p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Administrative/Salary/Overhead Expenses</p> | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|---|---|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <p>C. Full Name (Last, First, Middle Initial) NRCC</p> | | <p>Transaction ID: SB17-EX4456 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> | | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 2 | 0 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 0 | / | 2 | 0 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| <p>Mailing Address 320 First Street SE</p> | | <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>35000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </p> | | 35000.00 | | | | | | | | | | | | | | | | | | | |
| 35000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| <p>City Washington State DC Zip Code 20003</p> | <p>Purpose of Disbursement Dues</p> | <p>Category/Type <table border="1"> <tr> <td>001</td> </tr> </table> </p> | | 001 | | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Candidate Name</p> | <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: </p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Administrative/Salary/Overhead Expenses</p> | | | | | | | | | | | | | | | | | | | | | | | |

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|---|------------------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>35092.14</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 75

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Ramada Inn | | Transaction ID: SB17-EX4564 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address One Sheraton Drive | | Amount of Each Disbursement this Period 92.65 |
| City Altoona State PA Zip Code 16601 | Purpose of Disbursement Lodging Candidate Name Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Ramada Inn | | Transaction ID: SB17-EX4576 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address One Sheraton Drive | | Amount of Each Disbursement this Period 290.75 |
| City Altoona State PA Zip Code 16601 | Purpose of Disbursement Lodging Candidate Name Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Ramada Inn | | Transaction ID: SB17-EX4584 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address One Sheraton Drive | | Amount of Each Disbursement this Period 92.65 |
| City Altoona State PA Zip Code 16601 | Purpose of Disbursement Lodging Candidate Name Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 476.05 |
| 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 |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Ramada Inn | | Transaction ID: SB17-EX4585 Date of Disbursement 11 / 27 / 2006 | |
| Mailing Address One Sheraton Drive | | Amount of Each Disbursement this Period 92.65 | |
| City Altoona State PA Zip Code 16601 | Purpose of Disbursement Lodging Candidate Name | 002 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| | | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| | | Travel Expenses | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Ramada Inn | | Transaction ID: SB17-EX4589 Date of Disbursement 11 / 27 / 2006 | |
| Mailing Address One Sheraton Drive | | Amount of Each Disbursement this Period 210.49 | |
| City Altoona State PA Zip Code 16601 | Purpose of Disbursement Lodging Candidate Name | 002 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| | | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| | | Travel Expenses | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Zachs Sports And Spirits | | Transaction ID: SB17-EX4587 Date of Disbursement 11 / 27 / 2006 | |
| Mailing Address 5820 Sixth Avenue | | Amount of Each Disbursement this Period 87.83 | |
| City Altoona State PA Zip Code 16602 | Purpose of Disbursement Meals Candidate Name | 002 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| | | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| | | Travel Expenses | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 390.97 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. The Dream Restaurant | | Transaction ID: SB17-EX4567 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address 1500 Allegheny Street | | Amount of Each Disbursement this Period 58.63 |
| City Hollidaysburg State PA Zip Code 16648 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Meals Candidate Name | Category/Type 002 | Travel Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. The Dream Restaurant | | Transaction ID: SB17-EX4569 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address 1500 Allegheny Street | | Amount of Each Disbursement this Period 75.98 |
| City Hollidaysburg State PA Zip Code 16648 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Meals Candidate Name | Category/Type 002 | Travel Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Capitol Hill Club | | Transaction ID: SB17-EX4553 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address 300 First Street SE | | Amount of Each Disbursement this Period 400.00 |
| City Washington State DC Zip Code 20003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Dues Candidate Name | Category/Type 001 | Administrative/Salary/Ove- rhead Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 534.61 |
| 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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Capitol Hill Club | | Transaction ID: SB17-EX4554 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address 300 First Street SE | | Amount of Each Disbursement this Period 511.43 |
| City Washington State DC Zip Code 20003 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Meals Candidate Name | Category/Type 002 | Travel Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. UPS | | Transaction ID: SB17-EX4481 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address PO Box 7247-0244 | | Amount of Each Disbursement this Period 48.81 |
| City Philadelphia State PA Zip Code 19170 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Postage Candidate Name | Category/Type 001 | Administrative/Salary/Overhead Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. UPS | | Transaction ID: SB17-EX4506 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 7247-0244 | | Amount of Each Disbursement this Period 18.14 |
| City Philadelphia State PA Zip Code 19170 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Postage Candidate Name | Category/Type 001 | Administrative/Salary/Overhead Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 578.38 |
| 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 |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|--|
| A. UPS Full Name (Last, First, Middle Initial) Mailing Address PO Box 7247-0244 City Philadelphia State PA Zip Code 19170 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17-EX4511 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 185.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |
|--|--|--|

| | | |
|--|--|---|
| B. UPS Full Name (Last, First, Middle Initial) Mailing Address PO Box 7247-0244 City Philadelphia State PA Zip Code 19170 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17-EX4547 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 17.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |
|--|--|---|

| | | |
|--|--|---|
| C. Hilton Harrisburg and Towers Full Name (Last, First, Middle Initial) Mailing Address One North Second Street City Harrisburg State PA Zip Code 17101 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17-EX4535 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 19.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses |
|--|--|---|

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 222.55 |
| 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 34 / 75

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Hilton Harrisburg and Towers | | Transaction ID: SB17-EX4574 Date of Disbursement 11 / 27 / 2006 | |
| Mailing Address One North Second Street | | Amount of Each Disbursement this Period 409.20 | |
| City Harrisburg State PA Zip Code 17101 | Purpose of Disbursement Fundraising Candidate Name | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Solitation and Fundrais- ing Expenses | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type 003 | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. John Kurtz | | Transaction ID: SB17-EX4468 Date of Disbursement 10 / 24 / 2006 | |
| Mailing Address 303 Laurel Street | | Amount of Each Disbursement this Period 114.75 | |
| City Bellwood State PA Zip Code 16617 | Purpose of Disbursement Vehicle Expenses Candidate Name | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Ove- rhead Expenses | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type 001 | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. John Kurtz | | Transaction ID: SB17-EX4478 Date of Disbursement 10 / 31 / 2006 | |
| Mailing Address 303 Laurel Street | | Amount of Each Disbursement this Period 112.20 | |
| City Bellwood State PA Zip Code 16617 | Purpose of Disbursement Vehicle Expenses Candidate Name | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Ove- rhead Expenses | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type 001 | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 636.15 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 75

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. John Kurtz | | Transaction ID: SB17-EX4525 Date of Disbursement 11 / 17 / 2006 |
| Mailing Address 303 Laurel Street | | Amount of Each Disbursement this Period 125.38 |
| City Bellwood State PA Zip Code 16617 | Purpose of Disbursement Vehicle Expenses Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Courtyard By Marriott | | Transaction ID: SB17-EX4586 Date of Disbursement 11 / 27 / 2006 |
| Mailing Address 2 Convention Center Blvd | | Amount of Each Disbursement this Period 95.83 |
| City Altoona State PA Zip Code 16602 | Purpose of Disbursement Lodging Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Hampton Inn | | Transaction ID: SB17-EX4533 Date of Disbursement 10 / 25 / 2006 |
| Mailing Address 180 Charlotte Drive | | Amount of Each Disbursement this Period 126.09 |
| City Altoona State PA Zip Code 16601 | Purpose of Disbursement Lodging Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 347.30 |
| 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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|---|--|--|
| <p>A. Hampton Inn</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 180 Charlotte Drive</p> <p>City Altoona State PA Zip Code 16601</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB17-EX4536</p> <p>Date of Disbursement</p> <p>10 / 25 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>112.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Travel Expenses</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> <p>002</p> |

| | | |
|---|--|--|
| <p>B. Blair Co Chamber Of Commerce</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3900 Industrial Park Drive Suite 12</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Dues</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB17-EX4467</p> <p>Date of Disbursement</p> <p>10 / 24 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>271.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Administrative/Salary/Overhead Expenses</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> <p>001</p> |

| | | |
|---|--|--|
| <p>C. Pathfinder Communications LLC</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 603 Swedesford Road Swedesford Corporate Center</p> <p>City Malvern State PA Zip Code 19355</p> <p>Purpose of Disbursement Campaign Literature</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> | | <p>Transaction ID: SB17-EX4471</p> <p>Date of Disbursement</p> <p>10 / 24 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>3600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Campaign Materials</p> |
| <p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type</p> <p>006</p> |

| | |
|---|-----------------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>3983.32</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 75

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Penn's Woods Council #508 | | Transaction ID: SB17-EX4480 Date of Disbursement 10 / 31 / 2006 |
| Mailing Address PO Box 352 | | Amount of Each Disbursement this Period 50.00 |
| City Tire Hill State PA Zip Code 15959 | Purpose of Disbursement Print Ads Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Advertising Expenses |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. US Members Dining Room | | Transaction ID: SB17-EX4512 Date of Disbursement 10 / 25 / 2006 |
| Mailing Address H-117 The Capitol HOB Rayburn Bldg | | Amount of Each Disbursement this Period 59.55 |
| City Washington State DC Zip Code 20515 | Purpose of Disbursement Meals Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. US Members Dining Room | | Transaction ID: SB17-EX4513 Date of Disbursement 10 / 25 / 2006 |
| Mailing Address H-117 The Capitol HOB Rayburn Bldg | | Amount of Each Disbursement this Period 6.00 |
| City Washington State DC Zip Code 20515 | Purpose of Disbursement Meals Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Travel Expenses |

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|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 115.55 |
| 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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Transaction ID: SB17-EX4482 Date of Disbursement 10 / 31 / 2006 |
| Mailing Address PO Box 17464 | | Amount of Each Disbursement this Period 80.50 |
| City Baltimore State MD Zip Code 21297 | Purpose of Disbursement Telephone Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. ATLANTIC broadband | | Transaction ID: SB17-EX4458 Date of Disbursement 10 / 20 / 2006 |
| Mailing Address Box 371801 | | Amount of Each Disbursement this Period 54.02 |
| City Pittsburgh State PA Zip Code 15250 | Purpose of Disbursement Utilities Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. ATLANTIC broadband | | Transaction ID: SB17-EX4508 Date of Disbursement 11 / 09 / 2006 |
| Mailing Address Box 371801 | | Amount of Each Disbursement this Period 103.95 |
| City Pittsburgh State PA Zip Code 15250 | Purpose of Disbursement Utilities Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 238.47 |
| 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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. ATLANTIC broadband | | Transaction ID: SB17-EX4524 Date of Disbursement 11 / 17 / 2006 |
| Mailing Address Box 371801 | | Amount of Each Disbursement this Period 54.02 |
| City Pittsburgh | State Zip Code PA 15250 | |
| Purpose of Disbursement Utilities | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Administrative/Salary/Ove- rhead Expenses |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. CenPenn Realty LLC | | Transaction ID: SB17-EX4470 Date of Disbursement 10 / 24 / 2006 |
| Mailing Address 513 Allegheny Street | | Amount of Each Disbursement this Period 500.00 |
| City Hollidaysburg | State Zip Code PA 16648 | |
| Purpose of Disbursement Rent | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Administrative/Salary/Ove- rhead Expenses |
| State: District: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. CenPenn Realty LLC | | Transaction ID: SB17-EX4545 Date of Disbursement 11 / 27 / 2006 |
| Mailing Address 513 Allegheny Street | | Amount of Each Disbursement this Period 500.00 |
| City Hollidaysburg | State Zip Code PA 16648 | |
| Purpose of Disbursement Rent | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Administrative/Salary/Ove- rhead Expenses |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1054.02 |
| 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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. US Airways | | Transaction ID: SB17-EX4565 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address 5620 University Pkwy | | Amount of Each Disbursement this Period 250.00 |
| City Winston Salem State NC Zip Code 27105 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Airplane Candidate Name | Category/Type 002 | Travel Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. The Blairmont Club | | Transaction ID: SB17-EX4531 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 145 Larch Street | | Amount of Each Disbursement this Period 29.48 |
| City Hollidaysburg State PA Zip Code 16648 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Meals Candidate Name | Category/Type 002 | Travel Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. The Blairmont Club | | Transaction ID: SB17-EX4555 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address 145 Larch Street | | Amount of Each Disbursement this Period 100.06 |
| City Hollidaysburg State PA Zip Code 16648 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Meals Candidate Name | Category/Type 002 | Travel Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 379.54 |
| 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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Robbe Bendick | | Transaction ID: SB17-EX4462 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 |
| Mailing Address 1636 West Abingdon Drive #101 | | Amount of Each Disbursement this Period 1177.25 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Campaign Workers' Salaries Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Robbe Bendick | | Transaction ID: SB17-EX4497 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 |
| Mailing Address 1636 West Abingdon Drive #101 | | Amount of Each Disbursement this Period 1177.25 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Campaign Workers' Salaries Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Robbe Bendick | | Transaction ID: SB17-EX4498 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 |
| Mailing Address 1636 West Abingdon Drive #101 | | Amount of Each Disbursement this Period 2665.37 |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Campaign Workers' Salaries Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5019.87 |
| 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 |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Robbe Bendick | | Transaction ID: SB17-EX4518 Date of Disbursement 11 / 17 / 2006 | |
| Mailing Address 1636 West Abingdon Drive #101 | | Amount of Each Disbursement this Period 170.00 | |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Vehicle Expenses | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | Category/Type 001 | Administrative/Salary/Overhead Expenses | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Benjamins | | Transaction ID: SB17-EX4534 Date of Disbursement 10 / 25 / 2006 | |
| Mailing Address 458 Philadelphia Street | | Amount of Each Disbursement this Period 86.52 | |
| City Indiana State PA Zip Code 15701 | Purpose of Disbursement Meals | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | Category/Type 002 | Travel Expenses | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. S&T Bank | | Transaction ID: SB17-EX4465 Date of Disbursement 10 / 23 / 2006 | |
| Mailing Address 208 West Plank Road | | Amount of Each Disbursement this Period 478.59 | |
| City Altoona State PA Zip Code 16602 | Purpose of Disbursement Payroll Taxes | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | Category/Type 001 | Administrative/Salary/Overhead Expenses | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 735.11 |
| 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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. S&T Bank | | Transaction ID: SB17-EX4494 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 208 West Plank Road | | Amount of Each Disbursement this Period 25.00 |
| City Altoona State PA Zip Code 16602 | Purpose of Disbursement Bank Service Charge Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Bank Service Charge |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. S&T Bank | | Transaction ID: SB17-EX4496 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 |
| Mailing Address 208 West Plank Road | | Amount of Each Disbursement this Period 22.00 |
| City Altoona State PA Zip Code 16602 | Purpose of Disbursement Bank Service Charge Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Bank Service Charge |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. S&T Bank | | Transaction ID: SB17-EX4593 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 |
| Mailing Address 208 West Plank Road | | Amount of Each Disbursement this Period 478.59 |
| City Altoona State PA Zip Code 16602 | Purpose of Disbursement Payroll Taxes Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 525.59 |
| 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 |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. S&T Bank | | Transaction ID: SB17-EX4594 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 |
| Mailing Address 208 West Plank Road | | Amount of Each Disbursement this Period 1474.23 |
| City Altoona State PA Zip Code 16602 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Payroll Taxes Candidate Name | Category/Type 001 | Administrative/Salary/Overhead Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Cingular Wireless | | Transaction ID: SB17-EX4466 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address PO Box 6416 | | Amount of Each Disbursement this Period 228.72 |
| City Carol Stream State IL Zip Code 60197 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Telephone Candidate Name | Category/Type 001 | Administrative/Salary/Overhead Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Cingular Wireless | | Transaction ID: SB17-EX4546 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address PO Box 6416 | | Amount of Each Disbursement this Period 251.42 |
| City Carol Stream State IL Zip Code 60197 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Telephone Candidate Name | Category/Type 001 | Administrative/Salary/Overhead Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1954.37 |
| 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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Cingular Wireless | | Transaction ID: SB17-EX4552 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address PO Box 6416 | | Amount of Each Disbursement this Period 222.59 |
| City Carol Stream State IL Zip Code 60197 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Telephone Candidate Name | Category/Type 001 | Administrative/Salary/Overhead Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Nemacolin Woodlands Resort & Spa | | Transaction ID: SB17-EX4541 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 1001 LaFayette Drive | | Amount of Each Disbursement this Period 2628.75 |
| City Farmington State PA Zip Code 15437 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Fundraising Candidate Name | Category/Type 003 | Solicitation and Fundraising Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Jeffrey Loveng | | Transaction ID: SB17-EX4500 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 |
| Mailing Address 228 W. Windsor Avenue | | Amount of Each Disbursement this Period 451.38 |
| City Alexandria State VA Zip Code 22301 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Vehicle Expenses Candidate Name | Category/Type 001 | Administrative/Salary/Overhead Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3302.72 |
| 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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Pennsylvania Farm Bureau | | Transaction ID: SB17-EX4510 Date of Disbursement 11 / 09 / 2006 |
| Mailing Address PO Box 8736 | | Amount of Each Disbursement this Period 72.00 |
| City Camp Hill | State PA | |
| Zip Code 17001 | Purpose of Disbursement Dues | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. e2c consulting Inc. | | Transaction ID: SB17-EX4469 Date of Disbursement 10 / 24 / 2006 |
| Mailing Address PO Box 29576 | | Amount of Each Disbursement this Period 4000.00 |
| City Washington | State DC | |
| Zip Code 20017 | Purpose of Disbursement Campaign Consultant | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Solicitation and Fundraising Expenses |
| Candidate Name | Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. e2c consulting Inc. | | Transaction ID: SB17-EX4503 Date of Disbursement 11 / 09 / 2006 |
| Mailing Address PO Box 29576 | | Amount of Each Disbursement this Period 5000.00 |
| City Washington | State DC | |
| Zip Code 20017 | Purpose of Disbursement Campaign Consultant | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Solicitation and Fundraising Expenses |
| Candidate Name | Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) | 9072.00 |
| 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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) e2c consulting Inc. | | Transaction ID: SB17-EX4544 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address PO Box 29576 | | Amount of Each Disbursement this Period 4000.00 |
| City Washington State DC Zip Code 20017 | Purpose of Disbursement Campaign Consultant Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Sollicitation and Fundraising Expenses |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Brent Gates | | Transaction ID: SB17-EX4474 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 310 Penn Street Suite 200 | | Amount of Each Disbursement this Period 51.00 |
| City Hollidaysburg State PA Zip Code 16648 | Purpose of Disbursement Vehicle Expenses Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Brent Gates | | Transaction ID: SB17-EX4507 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address 310 Penn Street Suite 200 | | Amount of Each Disbursement this Period 72.25 |
| City Hollidaysburg State PA Zip Code 16648 | Purpose of Disbursement Vehicle Expenses Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4123.25 |
| 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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Canan Station Print Shoppe | | Transaction ID: SB17-EX4461 Date of Disbursement 10 / 20 / 2006 |
| Mailing Address PO Box 632 | | Amount of Each Disbursement this Period 309.51 |
| City Altoona State PA Zip Code 16603 | Purpose of Disbursement Fundraising Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Solicitation and Fundraising Expenses |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Canan Station Print Shoppe | | Transaction ID: SB17-EX4519 Date of Disbursement 11 / 17 / 2006 |
| Mailing Address PO Box 632 | | Amount of Each Disbursement this Period 330.75 |
| City Altoona State PA Zip Code 16603 | Purpose of Disbursement Fundraising Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Solicitation and Fundraising Expenses |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. MCI Conferencing | | Transaction ID: SB17-EX4505 Date of Disbursement 11 / 09 / 2006 |
| Mailing Address 500 Second Avenue SE Eighth Floor | | Amount of Each Disbursement this Period 257.51 |
| City Cedar Rapids State IA Zip Code 52401 | Purpose of Disbursement Telephone Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Administrative/Salary/Overhead Expenses |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 897.77 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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 49 / 75

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Kara Sidone | | Transaction ID: SB17-EX4548 Date of Disbursement 11 / 27 / 2006 | |
| Mailing Address 412 North Alfred Street | | Amount of Each Disbursement this Period 119.15 | |
| City Alexandria State VA Zip Code 22314 | Purpose of Disbursement Lodging | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | Category/Type 002 | Travel Expenses | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Martha R McClintock | | Transaction ID: SB17-EX4475 Date of Disbursement 10 / 25 / 2006 | |
| Mailing Address 513 Allegheny Street | | Amount of Each Disbursement this Period 13572.10 | |
| City Hollidaysburg State PA Zip Code 16648 | Purpose of Disbursement Media | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | Category/Type 004 | Advertising Expenses | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. North American Communications Inc. | | Transaction ID: SB17-EX4464 Date of Disbursement 10 / 20 / 2006 | |
| Mailing Address PO Box 39 | | Amount of Each Disbursement this Period 22000.00 | |
| City Duncansville State PA Zip Code 16635 | Purpose of Disbursement Campaign Mailings | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name | Category/Type 006 | Campaign Materials | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

SUBTOTAL of Disbursements This Page (optional) ▶

35691.25

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 50 / 75

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. North American Communications Inc. | | Transaction ID: SB17-EX4520 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address PO Box 39 | | Amount of Each Disbursement this Period 8607.42 |
| City Duncansville State PA Zip Code 16635 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Campaign Mailings Candidate Name | 006 Category/Type | Campaign Materials |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. North American Communications Inc. | | Transaction ID: SB17-EX4521 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address PO Box 39 | | Amount of Each Disbursement this Period 1460.00 |
| City Duncansville State PA Zip Code 16635 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Campaign Mailings Candidate Name | 006 Category/Type | Campaign Materials |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Shaw Motors Auto Sales | | Transaction ID: SB17-EX4493 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 |
| Mailing Address 1307 Third Avenue | | Amount of Each Disbursement this Period 3071.50 |
| City Duncansville State PA Zip Code 16635 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Vehicle Expenses Candidate Name | 001 Category/Type | Administrative/Salary/Ove- head Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 13138.92 |
| 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)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Broadnet Teleservices | | Transaction ID: SB17-EX4495 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 |
| Mailing Address 1745 Shea Center Drive Suite 320 | | Amount of Each Disbursement this Period 1300.00 |
| City Littleton State CO Zip Code 80129 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Polling Costs | Candidate Name | Polling Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Steve Martinko | | Transaction ID: SB17-EX4526 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 906 North Wayne Street #101 | | Amount of Each Disbursement this Period 398.65 |
| City Arlington State VA Zip Code 22201 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Vehicle Expenses | Candidate Name | Administrative/Salary/Overhead Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. ABC Limo Service | | Transaction ID: SB17-EX4537 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 5278 Kestrel Crossing Drive | | Amount of Each Disbursement this Period 388.80 |
| City Alexandria State VA Zip Code 22312 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Taxi/Car/Bus Expense | Candidate Name | Travel Expenses |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2087.45 |
| 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 52 / 75

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. The National Hotel | | Transaction ID: SB17-EX4540 |
| Mailing Address 1677 Collins Avenue | | Date of Disbursement 10 / 25 / 2006 |
| City Miami Beach | State FL | Zip Code 33139 |
| Purpose of Disbursement Fundraising | Amount of Each Disbursement this Period 2000.00 | |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Sollicitation and Fundraising Expenses | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Category/Type 003 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Chez Gerard | | Transaction ID: SB17-EX4542 |
| Mailing Address 1187 National Pike | | Date of Disbursement 10 / 25 / 2006 |
| City Hopwood | State PA | Zip Code 15445 |
| Purpose of Disbursement Fundraising | Amount of Each Disbursement this Period 1256.67 | |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Sollicitation and Fundraising Expenses | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Category/Type 003 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Scotch Valley Country Club | | Transaction ID: SB17-EX4572 |
| Mailing Address 18 Clubhouse Drive | | Date of Disbursement 11 / 27 / 2006 |
| City Hollidaysburg | State PA | Zip Code 16648 |
| Purpose of Disbursement Fundraising | Amount of Each Disbursement this Period 8640.72 | |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Sollicitation and Fundraising Expenses | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | Category/Type 003 | |

| | |
|--|------------------|
| SUBTOTAL of Disbursements This Page (optional) | 11897.39 |
| TOTAL This Period (last page this line number only) | 141154.18 |

**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)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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. Blair Co Republican Committee | | Transaction ID: SB21-EX4501 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 |
| Mailing Address 513 Allegheny Street | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Hollidaysburg State PA Zip Code 16648 | Purpose of Disbursement Donations Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Donations |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Gilbert Verdiglione | | Transaction ID: SB21-EX4502 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 |
| Mailing Address 22 N Spring Street | | Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Everett State PA Zip Code 15537 | Purpose of Disbursement Donations Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Donations |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Friends Of Scarnati | | Transaction ID: SB21-EX4590 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6 |
| Mailing Address PO Box 177 | | Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Brockway State PA Zip Code 15824 | Purpose of Disbursement Political Contributions Candidate Name | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Political Contributions |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3500.00 |
| 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)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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

| | | |
|---|--|--|
| <p>A. Cumberland Co Republican Comm</p> <p>Full Name (Last, First, Middle Initial) Cumberland Co Republican Comm</p> <p>Mailing Address PO Box 1155</p> <p>City Carlisle State PA Zip Code 17013</p> <p>Purpose of Disbursement Donations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: SB21-EX4472</p> <p>Date of Disbursement 10 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Donations</p> |
| <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type 012</p> |

| | | |
|--|--|--|
| <p>B. Blair Co Chamber Of Commerce</p> <p>Full Name (Last, First, Middle Initial) Blair Co Chamber Of Commerce</p> <p>Mailing Address 3900 Industrial Park Drive Suite 12</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Promotional Tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | | <p>Transaction ID: SB21-EX4549</p> <p>Date of Disbursement 11 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 5.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Donations</p> |
| <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type 012</p> |

| | | |
|--|--|---|
| <p>C. Jim Gerlach For Congress Comm</p> <p>Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Comm</p> <p>Mailing Address 1230 Pottstown Pike Suite 4</p> <p>City Glenmoore State PA Zip Code 19343</p> <p>Purpose of Disbursement Political Contributions</p> <p>Candidate Name Jim Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6</p> | | <p>Transaction ID: SB21-EX4485</p> <p>Date of Disbursement 11 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Political Contributions</p> |
| <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Category/Type 011</p> |

| | |
|---|-----------------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>1105.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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. Rick Renzi For Congress | | Transaction ID: SB21-EX4490 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 112 Union Street Suite A | | Amount of Each Disbursement this Period 1000.00 |
| City Prescott State AZ Zip Code 86303 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Contributions Candidate Name Rick Renzi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Political Contributions 011 Category/ Type |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Debbie King | | Transaction ID: SB21-EX4591 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address 530 Garber Street | | Amount of Each Disbursement this Period 132.90 |
| City Hollidaysburg State PA Zip Code 16648 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Contributions Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Political Contributions 011 Category/ Type |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Fitzpatrick for Congress | | Transaction ID: SB21-EX4486 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 115 North Broad Street | | Amount of Each Disbursement this Period 1000.00 |
| City Doylestown State PA Zip Code 18901 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Political Contributions Candidate Name Michael Fitzpatrick Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Political Contributions 011 Category/ Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2132.90 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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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. Sweeney for Congress Inc | | Transaction ID: SB21-EX4488 Date of Disbursement 11 / 01 / 2006 |
| Mailing Address PO Box 1465 | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Political Contributions |
| City Clifton Park | State NY Zip Code 12065 | |
| Purpose of Disbursement Political Contributions | | |
| Candidate Name John E. Sweeney | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NY District: 20 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Geoff Davis for Congress | | Transaction ID: SB21-EX4487 Date of Disbursement 11 / 01 / 2006 |
| Mailing Address 3161 Dixie Highway - Suite F | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Political Contributions |
| City Erlanger | State KY Zip Code 41018 | |
| Purpose of Disbursement Political Contributions | | |
| Candidate Name Geoffrey C Davis | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: KY District: 4 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. John Brenneman | | Transaction ID: SB21-EX4477 Date of Disbursement 10 / 31 / 2006 |
| Mailing Address 1449 North River Road | | Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Donations |
| City Granville | State PA Zip Code 17029 | |
| Purpose of Disbursement Promotional Tickets | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2035.00 |
| 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)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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. Friends Of Don Sherwood | | Transaction ID: SB21-EX4483 Date of Disbursement 11 / 01 / 2006 |
| Mailing Address 81 Warren Street | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Tunkhannock State PA Zip Code 18657 | Purpose of Disbursement Political Contributions Category/Type 011 | |
| Candidate Name Donald L Sherwood | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Political Contributions |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. People With Hart Inc | | Transaction ID: SB21-EX4484 Date of Disbursement 11 / 01 / 2006 |
| Mailing Address PO Box 435 | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wexford State PA Zip Code 15090 | Purpose of Disbursement Political Contributions Category/Type 011 | |
| Candidate Name Melissa Hart | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Political Contributions |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. JD Hayworth For Congress | | Transaction ID: SB21-EX4489 Date of Disbursement 11 / 01 / 2006 |
| Mailing Address 14300 N Northsight Blvd #105 | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Scottsdale State AZ Zip Code 85260 | Purpose of Disbursement Political Contributions Category/Type 011 | |
| Candidate Name JD Hayworth | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Political Contributions |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5 | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| 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)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <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. Thelma Drake For Congress | | Transaction ID: SB21-EX4491 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 4772 Euclid Road Suite D | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Virginia Beach State VA Zip Code 23462 | Purpose of Disbursement Political Contributions Category/Type 011 | |
| Candidate Name Thelma D Drake | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Political Contributions |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 2 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Friends Of Mike Sodrel | | Transaction ID: SB21-EX4492 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address 201 East Market Street Suite 5 | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Jeffersonville State IN Zip Code 47130 | Purpose of Disbursement Political Contributions Category/Type 011 | |
| Candidate Name Mike Sodrel | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Political Contributions |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 9 | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Central PA Humane Society | | Transaction ID: SB21-EX4522 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 1837 E. Pleasant Valley Blvd | | Amount of Each Disbursement this Period 65.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Altoona State PA Zip Code 16602 | Purpose of Disbursement Donations Category/Type 012 | |
| Candidate Name | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Donations |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2065.00 |
| 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 59 / 75

| | | | | | | | |
|--------------------------|-----|--------------------------|-----|--------------------------|-----|-------------------------------------|-----|
| <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. Southern Alleghenies Museum Of Art

Mailing Address Saint Francis College Mall
PO Box 9

City Loretto State PA Zip Code 15940

Purpose of Disbursement
Promotional Tickets

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX4550

Date of Disbursement

11 / 27 / 2006

Amount of Each Disbursement this Period

75.00

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

Donations

SUBTOTAL of Disbursements This Page (optional)

75.00

TOTAL This Period (last page this line number only)

13912.90

SCHEDULE C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 60 / 75 |
| | 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 2069.86 |
| Balance Outstanding at Close of This Period -69.86 | |

TERMS

| | | | |
|---|----------------------|---------------------------------|---|
| Date Incurred M M 04 D D 20 Y Y Y Y 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) | -69.86 |
| 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 / 75 |
| | 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-LN7

| | |
|---|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) First National Bank | Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 101 Lincoln Way West | |
| City Mc Connellsburg State PA ZIP Code 17233 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 5577.50 | 6007.11 | -429.61 |

TERMS

| | | | |
|----------------------------|----------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 06 D D 14 Y Y Y Y 2002 | 20040614 | 8.9970 % (apr) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|--------------------------------------|
| SUBTOTALS This Period This Page (optional) | <input type="text" value="-429.61"/> |
| TOTALS This Period (last page in this line only) | <input type="text"/> |
| 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 / 75 |
| | 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-LN8

| | |
|--|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Paul R Statler | 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 16652 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 1000.00 | 1002.38 | -2.38 |

TERMS

| | | | |
|----------------------------|----------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 04 D D 19 Y Y Y Y 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: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|------------------------------------|
| SUBTOTALS This Period This Page (optional) | <input type="text" value="-2.38"/> |
| TOTALS This Period (last page in this line only) | <input type="text"/> |
| 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 63 / 75 |
| | 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-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 | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 2000.00 | 2070.13 | -70.13 |

TERMS

| | | | |
|----------------------------|----------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 04 D D 19 Y Y Y Y 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: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|---------------|
| SUBTOTALS This Period This Page (optional) | -70.13 |
| 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 64 / 75 |
| | 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-LN10

| | |
|--|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Margaret A Statler | 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 16652 | |
| Original Amount of Loan 2000.00 | Cumulative Payment To Date 2069.86 |
| Balance Outstanding at Close of This Period -69.86 | |

TERMS

| | | | |
|---|----------------------|---------------------------------|---|
| Date Incurred MM DD YYYY 04 20 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) | -69.86 |
| 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 65 / 75 |
| | 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-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 | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 2000.00 | 2069.86 | -69.86 |

TERMS

| | | | |
|---------------------------------|----------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 0 4 D D 2 0 Y Y Y Y 2 0 0 4 | 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: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|-------------------------------------|
| SUBTOTALS This Period This Page (optional) | <input type="text" value="-69.86"/> |
| TOTALS This Period (last page in this line only) | <input type="text"/> |
| 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 66 / 75 |
| | 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-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 | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 2000.00 | 2069.86 | -69.86 |

TERMS

| | | | |
|---|----------------------|---------------------------------|---|
| Date Incurred MM DD YYYY 04 20 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: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|-------------------------------------|
| SUBTOTALS This Period This Page (optional) | <input type="text" value="-69.86"/> |
| TOTALS This Period (last page in this line only) | <input type="text"/> |

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 67 / 75 |
| | 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-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 2069.86 | Balance Outstanding at Close of This Period -69.86 |
|------------------------------------|---------------------------------------|---|

TERMS

| | | | |
|---|----------------------|---------------------------------|---|
| Date Incurred MM DD YY 04 20 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) | -69.86 |
| 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 68 / 75 |
| | 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-LN15

| | |
|--|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) S&T Bank | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address Commercial Lending 208 West Plank Road | |
| City Altoona State PA ZIP Code 16602 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 200000.00 | 206719.30 | -6719.30 |

TERMS

| | | | |
|---------------------------------|----------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 1 2 D D 2 3 Y Y Y Y 2 0 0 4 | 20050930 | 6.2500 % (apr) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|----------------------|
| SUBTOTALS This Period This Page (optional) | -6719.30 |
| TOTALS This Period (last page in this line only) | <input type="text"/> |
| 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 69 / 75 |
| | 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-LN16

| | |
|--|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) S&T Bank | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address Commercial Lending 208 West Plank Road | |
| City Altoona State PA ZIP Code 16602 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 40000.00 | 40160.56 | -160.56 |

TERMS

| | | | |
|----------------------------|----------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 06 D D 28 Y Y Y Y 2005 | 20050930 | 6.2500 % (apr) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|--------------------------------------|
| SUBTOTALS This Period This Page (optional) | <input type="text" value="-160.56"/> |
| TOTALS This Period (last page in this line only) | <input type="text"/> |
| 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 70 / 75 |
| | 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-LN17

| | |
|--|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) S&T Bank | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address Commercial Lending 208 West Plank Road | |
| City Altoona State PA ZIP Code 16602 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 200000.00 | 200559.72 | -559.72 |

TERMS

| | | | |
|----------------------------|----------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 09 D D 30 Y Y Y Y 2005 | 20060131 | 7.2500 % (apr) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|-----------------|
| SUBTOTALS This Period This Page (optional) | -559.72 |
| TOTALS This Period (last page in this line only) | -8291.00 |

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

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Don Pablos | Nature of Debt (Purpose): Invoice: Travel Expenses |
| Mailing Address Plank Road | |
| City State ZIP Code Altoona PA 16602 | |

| | | |
|--|-------------------------------------|--|
| Outstanding Balance Beginning This Period [.00] | Transaction ID: SD10-INV1730 | |
| Amount Incurred This Period [.00] | Payment This Period [.00] | Outstanding Balance at Close of This Period [.00] |

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

| | | |
|--|-------------------------------------|--|
| Outstanding Balance Beginning This Period [7500.00] | Transaction ID: SD10-INV3289 | |
| Amount Incurred This Period [.00] | Payment This Period [.00] | Outstanding Balance at Close of This Period [7500.00] |

| | |
|--|-------------|
| 1) SUBTOTALS This Period This Page (optional)..... | [7500.00] |
| 2) TOTALS This Period (last page this line number only)..... | [7500.00] |
| 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) | |

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

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

FOR LINE NUMBER: (check only one)

| | |
|-------------------------------------|----|
| <input checked="" type="checkbox"/> | 9 |
| <input type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

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

| | | |
|---|------------------------------------|--|
| Outstanding Balance Beginning This Period 151.21 | Transaction ID: SD9-INV4311 | |
| Amount Incurred This Period .00 | Payment This Period 151.21 | Outstanding Balance at Close of This Period .00 |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Blair Co Chamber Of Commerce | Nature of Debt (Purpose): Invoice: Annual dues Memb- er ID 2390 Admi |
| Mailing Address 3900 Industrial Park Drive Suite 12 | |
| City State ZIP Code Altoona PA 16602 | |

| | | |
|---|------------------------------------|--|
| Outstanding Balance Beginning This Period 271.00 | Transaction ID: SD9-INV4319 | |
| Amount Incurred This Period .00 | Payment This Period 271.00 | Outstanding Balance at Close of This Period .00 |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ATLANTIC broadband | Nature of Debt (Purpose): Invoice: 8335 20 042 0076- 460 Administrat |
| Mailing Address Box 371801 | |
| City State ZIP Code Pittsburgh PA 15250 | |

| | | |
|--|------------------------------------|--|
| Outstanding Balance Beginning This Period 54.02 | Transaction ID: SD9-INV4310 | |
| Amount Incurred This Period .00 | Payment This Period 54.02 | 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

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

FOR LINE NUMBER: (check only one)

| | |
|-------------------------------------|----|
| <input checked="" type="checkbox"/> | 9 |
| <input type="checkbox"/> | 10 |

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Canan Station Print Shoppe | Nature of Debt (Purpose): Invoice: Invitations Soli- tication and Fu |
| Mailing Address PO Box 632 | |
| City State ZIP Code Altoona PA 16603 | |

| | | |
|---|------------------------------------|--|
| Outstanding Balance Beginning This Period 309.51 | Transaction ID: SD9-INV4313 | |
| Amount Incurred This Period .00 | Payment This Period 309.51 | Outstanding Balance at Close of This Period .00 |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cingular Wireless | Nature of Debt (Purpose): Invoice: 238269324 Admini- strative/Salary |
| Mailing Address PO Box 6416 | |
| City State ZIP Code Carol Stream IL 60197 | |

| | | |
|---|------------------------------------|--|
| Outstanding Balance Beginning This Period 228.72 | Transaction ID: SD9-INV4318 | |
| Amount Incurred This Period .00 | Payment This Period 228.72 | Outstanding Balance at Close of This Period .00 |

| | |
|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor North American Communications Inc. | Nature of Debt (Purpose): Invoice: Renew Permit #334 Administrativ |
| Mailing Address PO Box 39 | |
| City State ZIP Code Duncansville PA 16635 | |

| | | |
|---|------------------------------------|--|
| Outstanding Balance Beginning This Period 160.00 | Transaction ID: SD9-INV4315 | |
| Amount Incurred This Period .00 | Payment This Period 160.00 | 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

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 74 / 75 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor North American Communications Inc. | Nature of Debt (Purpose): Invoice: Campaign flyers Invoice 6742-P |
| Mailing Address PO Box 39 | |
| City State ZIP Code Duncansville PA 16635 | |

| | | |
|--|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="20911.96"/> | Transaction ID: SD9-INV4316 | |
| Amount Incurred This Period <input type="text" value=".00"/> | Payment This Period <input type="text" value="20911.96"/> | Outstanding Balance at Close of This Period <input type="text" value=".00"/> |

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

| | | |
|---|---|--|
| Outstanding Balance Beginning This Period <input type="text" value=".00"/> | Transaction ID: SD9-INV4429 | |
| Amount Incurred This Period <input type="text" value="2215.96"/> | Payment This Period <input type="text" value="2385.96"/> | Outstanding Balance at Close of This Period <input type="text" value="170.00"/> |

| | |
|--|-------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="170.00"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text" value="170.00"/> |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

Image# 27940104956

Form/Schedule: **F3A**

Transaction ID:

The accompanying Report of Receipts and Disbursements from October 19 2006 through November 27 2006 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. The amendment is due to expense refunds and a voided check.
