

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**
PA 09
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 _____ in the State of _____

5. Covering Period 07 01 2008 through 09 30 2008

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 10 16 2008

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 |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | 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))..... | 158875.00 | 869107.47 |
| (b) Total Contribution Refunds (from Line 20(d))..... | .00 | 250.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 158875.00 | 868857.47 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 115187.74 | 621401.53 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | .00 | 2343.35 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 115187.74 | 619058.18 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 305429.57 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | .00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 248.67 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Bill Shuster for Congress

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

77100.00

405787.47

(ii) Unitemized.....

3475.00

24820.00

(iii) TOTAL of contributions

80575.00

430607.47

from individuals..... ▶

.00

.00

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACS).....

78300.00

438500.00

(d) The Candidate.....

.00

.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

158875.00

869107.47

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

.00

.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

.00

.00

(b) All Other Loans.....

.00

30000.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

.00

30000.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

.00

2343.35

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

.00

.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

158875.00

901450.82

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 115187.74 | 621401.53 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | .00 | .00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | .00 | .00 |
| (b) Of all Other Loans..... | .00 | 30000.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | .00 | 30000.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | .00 | 250.00 |
| (b) Political Party Committees..... | .00 | .00 |
| (c) Other Political Committees (such as PACs)..... | .00 | .00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | .00 | 250.00 |
| 21. OTHER DISBURSEMENTS..... | 5883.63 | 36253.13 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 121071.37 | 687904.66 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 267625.94 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 158875.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 426500.94 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 121071.37 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 305429.57 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Rick Barefoot

Mailing Address 184 Crosswinds Road

City Alum Bank State PA Zip Code 15521

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

Name of Employer H Fred Barefoot Trucking Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1400.00

Date of Receipt 09 / 30 / 2008
Transaction ID: SA11Ai-CN6433
 Amount of Each Receipt this Period 600.00

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

B. Full Name (Last, First, Middle Initial)
Barbara M Bearer

Mailing Address 544 Chestnut St

City Indiana State PA Zip Code 15701

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

Name of Employer North Cambria Fuel Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 08 / 28 / 2008
Transaction ID: SA11Ai-CN6360
 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)
Robert J Beiter, Jr

Mailing Address 898 Truax Rd

City Everett State PA Zip Code 15537

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

Name of Employer Szanca Solutions Inc Occupation Research Analyst

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt 09 / 01 / 2008
Transaction ID: SA11Ai-CN6368
 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) ► **1100.00**

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 104 |
| | <input checked="" 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 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)
Lawrence L Benjamin

Mailing Address 32611 Northfield Blvd

City Northfield State MN Zip Code 55057

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

Name of Employer Northfield Lines Occupation Motorcoach Operator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 500.00

Transaction ID: SA11Ai-CN6298

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

B. Full Name (Last, First, Middle Initial)
John A Bonya

Mailing Address 134 S Sixth Street

City Indiana State PA Zip Code 15701

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

Name of Employer Bonya Gazza & Degory LLP Occupation Attorney/Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 250.00

Transaction ID: SA11Ai-CN6358

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

C. Full Name (Last, First, Middle Initial)
James G Boone

Mailing Address RD 3 Box 240

City Altoona State PA Zip Code 16601

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

Name of Employer Lytles Transfer Occupation COO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 1500.00

Transaction ID: SA11Ai-CN6430

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

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Todd D Brice

Mailing Address 124 Nicola Ln

City State Zip Code
Indiana PA 15701

FEC ID number of contributing federal political committee. C

Name of Employer S&T Bank Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 08 / 28 / 2008
Transaction ID: SA11Ai-CN6349

Amount of Each Receipt this Period 300.00

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

B. Full Name (Last, First, Middle Initial)
Autumn Dipert Brown

Mailing Address 1607 2nd St W

City State Zip Code
Arlington TX 76013

FEC ID number of contributing federal political committee. C

Name of Employer Dan Dipert Coaches Inc Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2008
Transaction ID: SA11Ai-CN6295

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)
David R Brown

Mailing Address 3902 Rockingham Rd S

City State Zip Code
Greensboro NC 27407

FEC ID number of contributing federal political committee. C

Name of Employer Holiday Companies LLC Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2008
Transaction ID: SA11Ai-CN6294

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) 1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Stephen B Brown

Mailing Address 15 Joyous Ln

City State Zip Code
Scotia NY 12302

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Brown Coach Motorcoach Operator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
08 / 05 / 2008

Transaction ID: SA11Ai-CN6292

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)
Art G Bruaw, Jr.

Mailing Address PO Box 277
1042 Mercersburg Road

City State Zip Code
Saint Thomas PA 17252

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
E. C. Barnes Inc President/Distributor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
09 / 22 / 2008

Transaction ID: SA11Ai-CN6402

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)
Karen Quinn Carr

Mailing Address 2249 Turk Rd

City State Zip Code
Doylestown PA 18901

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Coherent Systems International Marketing Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt MM / DD / YYYY
09 / 01 / 2008

Transaction ID: SA11Ai-CN6371

Amount of Each Receipt this Period 2300.00

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

SUBTOTAL of Receipts This Page (optional) 3300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 104 |
| | <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) Morley A Cohn | | Date of Receipt |
| | Mailing Address 4305 2nd Ave | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2008 |
| | City | State | Zip Code |
| | Altoona | PA | 16602 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11Ai-CN6432 |
| Name of Employer Kopp Drug | | Occupation Pharmacist/President | Amount of Each Receipt this Period |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 |
| | | <input type="text"/> 1000.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|---------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Lou Crocco | | Date of Receipt |
| | Mailing Address 122 Palliser St | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2008 |
| | City | State | Zip Code |
| | Johnstown | PA | 15905 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11Ai-CN6374 |
| Name of Employer Duane Morris Government Affairs | | Occupation Managing Director | Amount of Each Receipt this Period |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 |
| | | <input type="text"/> 500.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|---|------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Bruno Degol, Jr. | | Date of Receipt |
| | Mailing Address RD 5 Box 25-A | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2008 |
| | City | State | Zip Code |
| | Tyrone | PA | 16686 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11Ai-CN6426 |
| Name of Employer DeGol Organization | | Occupation Executive | Amount of Each Receipt this Period |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 1000.00 |
| | | <input type="text"/> 1250.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 2000.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | |
|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 104 (check only one) |
| | <input checked="" 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 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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Donald L Detwiler</p> <p>Mailing Address 233 Stonehedge Road</p> <p>City State Zip Code Hollidaysburg PA 16648</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer New Enterprise Stone and Lime</p> <p>Occupation Executive</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 3700.00</p> | <p>Date of Receipt 09 / 30 / 2008</p> <p>Transaction ID: SA11Ai-CN6438</p> <p>Amount of Each Receipt this Period 1500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|--|--|
| <p>B. Full Name (Last, First, Middle Initial) Paul I Detwiler, Jr.</p> <p>Mailing Address 186 Arandale Street</p> <p>City State Zip Code Bedford PA 15522</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer New Enterprise Stone and Lime</p> <p>Occupation Chairman Of The Board</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p> | <p>Date of Receipt 09 / 30 / 2008</p> <p>Transaction ID: SA11Ai-CN6422</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|--|

| | |
|---|--|
| <p>C. Full Name (Last, First, Middle Initial) Donald Devorris</p> <p>Mailing Address 304 E Ward Avenue</p> <p>City State Zip Code Altoona PA 16602</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Blair Companies</p> <p>Occupation CEO</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4600.00</p> | <p>Date of Receipt 09 / 22 / 2008</p> <p>Transaction ID: SA11Ai-CN6408</p> <p>Amount of Each Receipt this Period 1500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|--|---|
| 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
John J Dolan
Mailing Address 145 N Seventh Street
City Indiana State PA Zip Code 15701
FEC ID number of contributing federal political committee. C
Name of Employer First Commonwealth Financial Occupation President & CEO
Receipt For: 2008 Election Cycle-to-Date Primary General Other (specify) 1050.00
Date of Receipt 08 / 28 / 2008
Transaction ID: SA11Ai-CN6348
Amount of Each Receipt this Period 300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael J Donnelly
Mailing Address 118 Greenview Drive
City Indiana State PA Zip Code 15701
FEC ID number of contributing federal political committee. C
Name of Employer The Indiana Gazette Occupation President & Publisher
Receipt For: 2008 Election Cycle-to-Date Primary General Other (specify) 500.00
Date of Receipt 08 / 28 / 2008
Transaction ID: SA11Ai-CN6342
Amount of Each Receipt this Period 300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Steve Emerick
Mailing Address PSC 482 Box 2658
City FPO State AP Zip Code 96362
FEC ID number of contributing federal political committee. C
Name of Employer Marine Corps Community Service Occupation Gardener
Receipt For: 2008 Election Cycle-to-Date Primary General Other (specify) 250.00
Date of Receipt 08 / 15 / 2008
Transaction ID: SA11Ai-CN6313
Amount of Each Receipt this Period 250.00
VRCE2DB0A4E3
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 104 |
| | <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) John Joseph Fagan, Jr | Date of Receipt MM / DD / YYYY 09 / 01 / 2008 |
| | Mailing Address 1327 Red Oak Dr | Transaction ID: SA11Ai-CN6378 |
| | City State Zip Code Chalfont PA 18914 | Amount of Each Receipt this Period 2000.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer None | Occupation Retired | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Megan T. Reilly Fagan | Date of Receipt MM / DD / YYYY 09 / 01 / 2008 |
| | Mailing Address 1327 Red Oak Dr | Transaction ID: SA11Ai-CN6379 |
| | City State Zip Code Chalfont PA 18914 | Amount of Each Receipt this Period 2000.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer None | Occupation Retired | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) J. Clifford Forrest | Date of Receipt MM / DD / YYYY 08 / 28 / 2008 |
| | Mailing Address 301 Market St | Transaction ID: SA11Ai-CN6354 |
| | City State Zip Code Kittanning PA 16201 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Rosebud Mining Company | Occupation Owner | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 4250.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Anthea Germano

Mailing Address 307 20th St S

City State Zip Code
Altoona PA 16602

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

Name of Employer Occupation
PA Department Of Health Public Health Administrator

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2008

Transaction ID: SA11Ai-CN6400

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)
Vanessa D Getz

Mailing Address 315 Brown St Apt 6

City State Zip Code
Everson PA 15631

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

Name of Employer Occupation
Greenlee Partners LLC Managing Director - Western PA

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2008

Transaction ID: SA11Ai-CN6327

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)
Howard F Gilson

Mailing Address 131 Southwest St

City State Zip Code
Doylestown PA 18901

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

Name of Employer Occupation
CSI Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2008

Transaction ID: SA11Ai-CN6381

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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 104 |
| | <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) David K Goodman, Jr. | | Date of Receipt |
| | Mailing Address 2015 Ellis Avenue | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 21 / 2008 |
| | City | State | Zip Code |
| | Huntingdon | PA | 16652 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11Ai-CN6272 |
| Name of Employer DC Goodman and Sons Inc | | Occupation President/Owner | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> 2300.00 |
| <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) |

| | | | |
|--|---|-------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Robert Paul Gray | | Date of Receipt |
| | Mailing Address 43389 Deepspring Ct | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 01 / 2008 |
| | City | State | Zip Code |
| | Ashburn | VA | 20147 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11Ai-CN6372 |
| Name of Employer Core Concepts LLC | | Occupation Managing Member | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> 2300.00 |
| <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) |

| | | | |
|--|--|--------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Joseph A Hardy, III | | Date of Receipt |
| | Mailing Address 1019 Route 519 Building #5 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 27 / 2008 |
| | City | State | Zip Code |
| | Eighty Four | PA | 15330 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11Ai-CN6339 |
| Name of Employer 84 Lumber Company | | Occupation CEO | Amount of Each Receipt this Period |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 |
| <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) |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 5100.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Elsie Hilliard Hillman
Mailing Address 300 Grant Street Suite 1900
City Pittsburgh State PA Zip Code 15219
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Philanthropist
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 09 / 22 / 2008
Transaction ID: SA11Ai-CN6409
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)
Elsie Hilliard Hillman
Mailing Address 300 Grant Street Suite 1900
City Pittsburgh State PA Zip Code 15219
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ .00
Date of Receipt 09 / 22 / 2008
Transaction ID: SA11Ai-CN6469
Amount of Each Receipt this Period -1000.00
Reattributed to Henry Hillman
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattributed

C. Full Name (Last, First, Middle Initial)
Henry L Hillman
Mailing Address 300 Grant Street Suite 1900
City Pittsburgh State PA Zip Code 15219
FEC ID number of contributing federal political committee. **C**
Name of Employer The Hillman Company Occupation CEO
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 09 / 22 / 2008
Transaction ID: SA11Ai-CN6470
Amount of Each Receipt this Period 1000.00
Reattributed from Elsie Hillman
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 104
(check only one)

| | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|----|
| <input checked="" 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 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)
Jacquelyn H Hinchliffe

Mailing Address 141 Buttermilk Lane

City Hopwood State PA Zip Code 15445

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

Name of Employer None Occupation None

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt 08 / 27 / 2008

Transaction ID: SA11Ai-CN6317

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)
Humberto Ho

Mailing Address 14128 Bear Creek Dr

City Boyds State MD Zip Code 20841

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

Name of Employer Ho Brothers Development LLC Occupation Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 09 / 22 / 2008

Transaction ID: SA11Ai-CN6394

Amount of Each Receipt this Period 2300.00

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

C.

Full Name (Last, First, Middle Initial)
Laura R Howell

Mailing Address PO Box 3361

City Annapolis State MD Zip Code 21403

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

Name of Employer Self Employed Occupation Artist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2008

Transaction ID: SA11Ai-CN6437

Amount of Each Receipt this Period 300.00

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

SUBTOTAL of Receipts This Page (optional) ► 2800.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Rick Ianieri
Mailing Address 2249 Turk Rd
City Doylestown State PA Zip Code 18901
FEC ID number of contributing federal political committee. **C**
Name of Employer Coherent Systems International Occupation President & CEO
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) **2300.00**
Date of Receipt 09 / 01 / 2008
Transaction ID: SA11Ai-CN6370
Amount of Each Receipt this Period 1300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Barbara A Ilsemann
Mailing Address 893 Johnson Ct
City Warrington State PA Zip Code 18976
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) **2300.00**
Date of Receipt 09 / 01 / 2008
Transaction ID: SA11Ai-CN6377
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Frederick J Ilsemann
Mailing Address 893 Johnson Ct
City Warrington State PA Zip Code 18976
FEC ID number of contributing federal political committee. **C**
Name of Employer Coherent Systems International Occupation Vice President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) **2300.00**
Date of Receipt 09 / 01 / 2008
Transaction ID: SA11Ai-CN6376
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) **5900.00**
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Daryl G Johnson

Mailing Address 19526 Merrillwood

City State Zip Code
Humble TX 77346

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

Name of Employer Occupation
J&J Charters Motorcoach Operator

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 8

Transaction ID: SA11Ai-CN6291

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)
Dr. Alice Plummer Joyce

Mailing Address 3518 Fort Roberdeau Ave

City State Zip Code
Altoona PA 16602

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

Name of Employer Occupation
Self Employed Dermatologist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: SA11Ai-CN6407

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
Robert H Kirst

Mailing Address 268 Shady Hollow Road

City State Zip Code
Somerset PA 15501

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

Name of Employer Occupation
Global/SFC Valve Corp President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11Ai-CN6277

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) ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Lena C Kuchera
 Mailing Address 1705 Frankstown Rd
 City State Zip Code
 Summerhill PA 15958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None Homemaker
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 1 / 2 0 0 8
Transaction ID: SA11Ai-CN6364
 Amount of Each Receipt this Period
 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Lisa M Kuchera
 Mailing Address 1125 Weaver Rd
 City State Zip Code
 Johnstown PA 15904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 None Homemaker
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 1 / 2 0 0 8
Transaction ID: SA11Ai-CN6367
 Amount of Each Receipt this Period
 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ronald Kuchera
 Mailing Address 1125 Weaver Rd
 City State Zip Code
 Johnstown PA 15904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kuchera Industries CFO
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2800.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 1 / 2 0 0 8
Transaction ID: SA11Ai-CN6383
 Amount of Each Receipt this Period
 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 6900.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
William Kuchera, Jr
Mailing Address 1800 Dolphin Dr
City Johnstown State PA Zip Code 15904
FEC ID number of contributing federal political committee. **C**
Name of Employer Kuchera Industries Occupation CEO
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2600.00
Date of Receipt 09 / 01 / 2008
Transaction ID: SA11Ai-CN6382
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Conrad A Lass
Mailing Address 1301 Chancel PI
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C**
Name of Employer Electric Power Supply Association Occupation Vice President - Legislative Affairs
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 09 / 29 / 2008
Transaction ID: SA11Ai-CN6410
Amount of Each Receipt this Period 50.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lauren D Lebron
Mailing Address 1540 Madison St
City Elmont State NY Zip Code 11003
FEC ID number of contributing federal political committee. **C**
Name of Employer Paradise Trailways Occupation President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 08 / 05 / 2008
Transaction ID: SA11Ai-CN6288
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) ► 2850.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
P Joseph Lehman, Jr.
Mailing Address 315 Quince Ct
City Hollidaysburg State PA Zip Code 16648
FEC ID number of contributing federal political committee. **C**
Name of Employer P Joseph Lehman Inc Occupation President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 3350.00
Date of Receipt 09 / 22 / 2008
Transaction ID: SA11Ai-CN6406
Amount of Each Receipt this Period 1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ronald M Little
Mailing Address 347 Spring St S
City Blairsville State PA Zip Code 15717
FEC ID number of contributing federal political committee. **C**
Name of Employer North Cambria Fuel Occupation General Manager
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 08 / 28 / 2008
Transaction ID: SA11Ai-CN6361
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)
Shawn M Long
Mailing Address 110 Wellington Way
City Johnstown State PA Zip Code 15904
FEC ID number of contributing federal political committee. **C**
Name of Employer PBF Online Occupation President & CEO
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 09 / 01 / 2008
Transaction ID: SA11Ai-CN6375
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4050.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 104

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" 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 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)

Brett S Loper

Mailing Address 3309 23rd St N

City State Zip Code
Arlington VA 22201

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

Name of Employer Occupation
AdvaMed Senior Executive VP And Director

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: SA11Ai-CN6393

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)

Robert L Maher

Mailing Address 207 James Ave

City State Zip Code
Patton PA 16668

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

Name of Employer Occupation
Value Health Center Pharmacy Consultant Pharmacist

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11Ai-CN6281

Amount of Each Receipt this Period

300.00

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: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11Ai-CN6363

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)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Jacqueline Martella McGowan
Mailing Address 245 Tall Timber Dr
City Johnstown State PA Zip Code 15904
FEC ID number of contributing federal political committee. **C**
Name of Employer Boswell Pharmacy Services Occupation Manager
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 09 / 01 / 2008
Transaction ID: SA11Ai-CN6366
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Paul J McGowan
Mailing Address 1780 Regal Dr
City Johnstown State PA Zip Code 15904
FEC ID number of contributing federal political committee. **C**
Name of Employer Diamonds Incorporated Occupation President
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 01 / 2008
Transaction ID: SA11Ai-CN6380
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 M McGowan, Jr
Mailing Address 245 Tall Timber Dr
City Johnstown State PA Zip Code 15904
FEC ID number of contributing federal political committee. **C**
Name of Employer Argon St Occupation VP-General Manager
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3239.00
Date of Receipt 08 / 26 / 2008
Transaction ID: SA11Ai-CN6312
Amount of Each Receipt this Period 439.00
In-kind contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
In-Kind Received Catering bill paid for

SUBTOTAL of Receipts This Page (optional) ► 3239.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 24 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Robert M McGowan, Jr
Mailing Address 245 Tall Timber Dr
City Johnstown State PA Zip Code 15904
FEC ID number of contributing federal political committee. **C**
Name of Employer Argon St Occupation VP-General Manager
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00
Date of Receipt 09 / 01 / 2008
Transaction ID: SA11Ai-CN6365
Amount of Each Receipt this Period 1361.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael W McLanahan
Mailing Address 1111 Pine Street
City Hollidaysburg State PA Zip Code 16648
FEC ID number of contributing federal political committee. **C**
Name of Employer McLanahan Corporation Occupation Businessman
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00
Date of Receipt 09 / 30 / 2008
Transaction ID: SA11Ai-CN6431
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)
Paul C Mellott, Jr.
Mailing Address 13220 Fountainhead Road
City Hagerstown State MD Zip Code 21742
FEC ID number of contributing federal political committee. **C**
Name of Employer Mellott Company Occupation Chairman & CEO
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 07 / 21 / 2008
Transaction ID: SA11Ai-CN6271
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) ► 2461.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Daniel P Meuser

Mailing Address 182 Susquehanna Ave

City State Zip Code
West Pittson PA 18643

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

Name of Employer Occupation
Pride Mobility Products Corp President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2008

Transaction ID: SA11Ai-CN6404

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)
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 Occupation
None Retired Banker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2008

Transaction ID: SA11Ai-CN6352

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Marcia Y Milton

Mailing Address 12601 Woodbridge Ct

City State Zip Code
Mitchellville MD 20721

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

Name of Employer Occupation
First Priority Trailways Inc. President & CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2008

Transaction ID: SA11Ai-CN6293

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) ► **2700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Barry H Newborn

Mailing Address PO Box 1713

City Altoona State PA Zip Code 16603

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

Name of Employer Newborn Enterprises Inc Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2008
Transaction ID: SA11Ai-CN6434
 Amount of Each Receipt this Period 300.00

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

B. Full Name (Last, First, Middle Initial)
Andrew Phillip Pajak

Mailing Address 2018 Grove Dr W

City Gibsonia State PA Zip Code 15044

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

Name of Employer Michael Baker Corporation Occupation Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 08 / 27 / 2008
Transaction ID: SA11Ai-CN6326
 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)
Karen E Pfeffer

Mailing Address 160 Stonehedge Road

City Hollidaysburg State PA Zip Code 16648

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3700.00

Date of Receipt 09 / 30 / 2008
Transaction ID: SA11Ai-CN6435
 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) ► 2050.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 104
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" 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 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)
Jeff Polzien

Mailing Address 11504 Core Ave

City State Zip Code
Oklahoma City OK 73170

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

Name of Employer Occupation
Red Carpet Charters Executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 0 8

Transaction ID: SA11Ai-CN6300

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)
David M Prushnok

Mailing Address 222 Forrest Ridge Road

City State Zip Code
Indiana PA 15701

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

Name of Employer Occupation
Quintech Electronics & Co-communications Officer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11Ai-CN6346

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)
Nancy J Pyle

Mailing Address 840 S Juliana Street

City State Zip Code
Bedford PA 15522

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

Name of Employer Occupation
Keystone/RWR Insurance Account Executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11Ai-CN6425

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) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 104
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Joseph Reschini

Mailing Address 200 Carpenter Ave N

City Indiana State PA Zip Code 15701

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

Name of Employer The Reschini Group Occupation COO/Insurance Agency

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 08 / 28 / 2008

Transaction ID: SA11Ai-CN6353

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)
Roger J Reschini

Mailing Address 922 Philadelphia Street

City Indiana State PA Zip Code 15701

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

Name of Employer Reschini Agency Inc Insurance Occupation President/CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2550.00

Date of Receipt 09 / 22 / 2008

Transaction ID: SA11Ai-CN6403

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)
Todd N Roadman

Mailing Address 121 Diehl Field Road

City Bedford State PA Zip Code 15522

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

Name of Employer Reed Wertz and Roadman Occupation Insurance & Financial Planning

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt 09 / 30 / 2008

Transaction ID: SA11Ai-CN6424

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) ► 1000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 104 |
| | <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) Brian L Scott | | Date of Receipt MM / DD / YYYY 08 / 05 / 2008 |
| | Mailing Address 10362 Nina St | | Transaction ID: SA11Ai-CN6290 |
| | City Largo | State FL | Zip Code 33778 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Escot Bus Lines | Occupation Motorcoach Operator | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | | |

| | | | |
|---|--|-----------------------|---|
| B. | Full Name (Last, First, Middle Initial) R. David Scott | | Date of Receipt MM / DD / YYYY 08 / 27 / 2008 |
| | Mailing Address 2414 Springfield Pike | | Transaction ID: SA11Ai-CN6332 |
| | City Connellsville | State PA | Zip Code 15425 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| | Name of Employer Self Employed | Occupation Dentist | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | | |

| | | | |
|---|--|--|---|
| C. | Full Name (Last, First, Middle Initial) Patricia Serotkin | | Date of Receipt MM / DD / YYYY 09 / 01 / 2008 |
| | Mailing Address 1072 Center St N | | Transaction ID: SA11Ai-CN6373 |
| | City Ebensburg | State PA | Zip Code 15931 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| | Name of Employer St Francis University | Occupation VP - Strategic Initiatives | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3100.00 | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1800.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 30 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Michael J Settimio

Mailing Address 1515 Fordham Circle

City State Zip Code
Altoona PA 16602

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

Name of Employer S&T Bank Occupation Senior Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 2 2 / 2 0 0 8

Transaction ID: SA11Ai-CN6405

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Allison R Shulman

Mailing Address 6407 15th Street

City State Zip Code
Alexandria VA 22307

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

Name of Employer Dickstein Shapiro LLP Occupation Advisor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11Ai-CN6449

Amount of Each Receipt this Period
500.00

VPFE2E566DCF

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

C. Full Name (Last, First, Middle Initial)
Barry F Smith

Mailing Address 331 Closson Rd E

City State Zip Code
Roaring Spring PA 16673

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

Name of Employer Smith Transport Inc. Occupation President/Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2700.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 8

Transaction ID: SA11Ai-CN6429

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) ► **1650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Pradip K Swain, MD
Mailing Address 131 Stratford Ct
City Hollidaysburg State PA Zip Code 16648
FEC ID number of contributing federal political committee. **C**
Name of Employer Tyrone Hospital Occupation Emergency Room Physician
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 09 / 30 / 2008
Transaction ID: SA11Ai-CN6428
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)
James J Szalankiewicz, PE
Mailing Address 2924 Creekside Road
City Indiana State PA Zip Code 15701
FEC ID number of contributing federal political committee. **C**
Name of Employer T.J.S. Mining Inc. Occupation Professional Engineer/Surveyor
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 08 / 28 / 2008
Transaction ID: SA11Ai-CN6351
Amount of Each Receipt this Period 300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mark W Szanca
Mailing Address 123 Camelot Blvd
City Falling Waters State WV Zip Code 25419
FEC ID number of contributing federal political committee. **C**
Name of Employer Szanca Solutions Inc Occupation President/CEO
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 09 / 01 / 2008
Transaction ID: SA11Ai-CN6369
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) ► 2050.00
TOTAL This Period (last page this line number only) ►

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 / 104 |
| | <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) Johnny Tressler | Date of Receipt MM / DD / YYYY 08 / 26 / 2008 |
| | Mailing Address 821 Oden St | Transaction ID: SA11Ai-CN6309 |
| | City State Zip Code Confluence PA 15424 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Tressler's Ashland | Occupation Owner | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Kim D Van Buren | Date of Receipt MM / DD / YYYY 09 / 30 / 2008 |
| | Mailing Address 155 Stratford Court | Transaction ID: SA11Ai-CN6436 |
| | City State Zip Code Hollidaysburg PA 16648 | Amount of Each Receipt this Period 2000.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer None | Occupation Housewife | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3500.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) William T Ward | Date of Receipt MM / DD / YYYY 09 / 30 / 2008 |
| | Mailing Address 81 Sylvan Heights Drive | Transaction ID: SA11Ai-CN6423 |
| | City State Zip Code Hollidaysburg PA 16648 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Ward Trucking Corp | Occupation President | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1050.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3200.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 104

(check only one)

11a
 11b
 11c
 11d
 12
 13a
 13b
 14
 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Darrell L Wilson

Mailing Address 605 Fontaine St

City State Zip Code
Alexandria VA 22302

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

Name of Employer Occupation
Norfolk Southern Director of Government Relations

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary
 General
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 29 / 2008

Transaction ID: SA11Ai-CN6412

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)
Scott A Wivell, PE

Mailing Address 681 Tippecanoe Rd

City State Zip Code
Smock PA 15480

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

Name of Employer Occupation
Dck Worldwide Director Of Business Development

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary
 General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 27 / 2008

Transaction ID: SA11Ai-CN6325

Amount of Each Receipt this Period

750.00

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

C.

Full Name (Last, First, Middle Initial)
T. Ralph Young

Mailing Address 843 Riverside Dr

City State Zip Code
Asheville NC 28804

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

Name of Employer Occupation
Young Transportation Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary
 General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2008

Transaction ID: SA11Ai-CN6297

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) ▶

1750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 104
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
Thomas W Zaucha

Mailing Address 100 Lafayette Cir

City State Zip Code
Indiana PA 15701

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

Name of Employer Occupation
Northstar Health Services Chairman
Inc

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

450.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11Ai-CN6362

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) | ▶ | 250.00 |
| TOTAL This Period (last page this line number only) | ▶ | 77100.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Cove Republican Club

Mailing Address c/o James R. Carothers
524 E. Fairview Avenue

City Altoona State PA Zip Code 16601

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 10 / 2008
Transaction ID: SA11C-CN6391
 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)
Dealers Election Action

Mailing Address 8400 Westpark Drive

City Mc Lean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 09 / 02 / 2008
Transaction ID: SA11C-CN6385
 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)
Friends of Dave Reed

Mailing Address PO Box 1440

City Indiana State PA Zip Code 15701

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 28 / 2008
Transaction ID: SA11C-CN6350
 Amount of Each Receipt this Period 300.00

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

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 104
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Friends of Senator Don White

Mailing Address PO Box 363

City State Zip Code
Indiana PA 15701

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11C-CN6347

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)
General Dynamics Voluntary

Mailing Address 2941 Fairview Park Drive
Suite 100

City State Zip Code
Falls Church VA 22042

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: SA11C-CN6416

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Aircraft Owners Pilots Association

Mailing Address 421 Aviation Way

City State Zip Code
Frederick MD 21701

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: SA11C-CN6390

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 5000.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Allegheny Power
Mailing Address 800 Cabin Hill Drive
City Greensburg State PA Zip Code 15601
FEC ID number of contributing federal political committee. **C** C00335232
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 6000.00
Date of Receipt 08 / 27 / 2008
Transaction ID: SA11C-CN6340
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)
Altria Group Inc.
Mailing Address 101 Constitution Avenue NW
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00089136
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 07 / 31 / 2008
Transaction ID: SA11C-CN6282
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)
American Medical Association
Mailing Address 25 Massachusetts Ave NW Suite 600
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00000422
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 09 / 03 / 2008
Transaction ID: SA11C-CN6389
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) ► 3000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 38 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
ARTBA
Mailing Address 1219 28th St NW
City Washington State DC Zip Code 20007
FEC ID number of contributing federal political committee. **C** C00118208
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt MM / DD / YYYY 08 / 05 / 2008
Transaction ID: SA11C-CN6285
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)
Associated General Contractors
Mailing Address 2300 Wilson Blvd Suite 400
City Arlington State VA Zip Code 22201
FEC ID number of contributing federal political committee. **C** C00082917
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00
Date of Receipt MM / DD / YYYY 07 / 24 / 2008
Transaction ID: SA11C-CN6279
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)
AT&T Inc
Mailing Address 175 Houston-Room 7-A-50 E
City San Antonio State TX Zip Code 78205
FEC ID number of contributing federal political committee. **C** C00109017
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 7500.00
Date of Receipt MM / DD / YYYY 09 / 22 / 2008
Transaction ID: SA11C-CN6397
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
AT&T Inc

Mailing Address 175 Houston-Room 7-A-50 E

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt 09 / 30 / 2008
Transaction ID: SA11C-CN6420
 Amount of Each Receipt this Period 1500.00

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

B. Full Name (Last, First, Middle Initial)
BAE Systems USA

Mailing Address 1300 17th St N Suite 1400

City Arlington State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 09 / 30 / 2008
Transaction ID: SA11C-CN6418
 Amount of Each Receipt this Period 2000.00

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

C. Full Name (Last, First, Middle Initial)
Brotherhood Of Locomotive Engineers

Mailing Address 1370 Ontario St

City Cleveland State OH Zip Code 44113

FEC ID number of contributing federal political committee. **C** C00099234

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 07 / 21 / 2008
Transaction ID: SA11C-CN6275
 Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Bryan Cave LLP
Mailing Address 700 Thirteenth Street NW Suite 700
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00332643
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt: 08 / 18 / 2008
Transaction ID: SA11C-CN6307
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)
Build
Mailing Address 1201 15th Street NW
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00000901
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt: 09 / 17 / 2008
Transaction ID: SA11C-CN6392
Amount of Each Receipt this Period: 3000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Burson-Marsteller Young & Rubicam
Mailing Address 1801 K St NW Suite 901L
City Washington State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C00201863
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt: 08 / 05 / 2008
Transaction ID: SA11C-CN6289
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) ► 5500.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 41 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Chesapeake Energy Corporation Federal

Mailing Address PO Box 18576

City State Zip Code
Oklahoma City OK 73112

FEC ID number of contributing federal political committee. **C** C00389288

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 2 2 / 2 0 0 8

Transaction ID: SA11C-CN6395

Amount of Each Receipt this Period
2500.00

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

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

Mailing Address 1800 Washington Rd

City State Zip Code
Pittsburgh PA 15241

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 2 7 / 2 0 0 8

Transaction ID: SA11C-CN6335

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)
Crown Cork & Seal Company

Mailing Address One Crown Way

City State Zip Code
Philadelphia PA 19154

FEC ID number of contributing federal political committee. **C** C00254268

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 8 / 2 7 / 2 0 0 8

Transaction ID: SA11C-CN6338

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Cruise Lines International Assoc

Mailing Address 2111 Wilson Blvd
8th Floor

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00432393

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 29 / 2008
Transaction ID: SA11C-CN6413
 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)
Duane Morris LLP Government Committee

Mailing Address 30 17th St S

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00364133

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2008
Transaction ID: SA11C-CN6421
 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)
Engineers Political Education Committee

Mailing Address 1125 Seventeenth Street NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 07 / 21 / 2008
Transaction ID: SA11C-CN6273
 Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
FirstEnergy
Mailing Address 76 S Main Street
City Akron State OH Zip Code 44308
FEC ID number of contributing federal political committee. **C** C00140855
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00
Date of Receipt 09 / 02 / 2008
Transaction ID: SA11C-CN6386
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)
Fund For American Opportunity
Mailing Address Post Office Box 65796
City Washington State DC Zip Code 20035
FEC ID number of contributing federal political committee. **C** C00336297
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 08 / 05 / 2008
Transaction ID: SA11C-CN6284
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)
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 Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt 07 / 09 / 2008
Transaction ID: SA11C-CN6270
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 104
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
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 Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2008
Transaction ID: SA11C-CN6417
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)
Holcim (US) Inc.

Mailing Address 201 Jones Rd

City Waltham State MA Zip Code 02451

FEC ID number of contributing federal political committee. **C** C00213348

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 05 / 2008
Transaction ID: SA11C-CN6303
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)
Honeywell International

Mailing Address 101 Constitution Ave NW
Suite 500 W

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 08 / 05 / 2008
Transaction ID: SA11C-CN6302
Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Jacobs Good Government Fund

Mailing Address 1111 So. Arroyo Parkway

City Pasadena State CA Zip Code 91105

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 07 / 23 / 2008
Transaction ID: SA11C-CN6278
 Amount of Each Receipt this Period 1500.00

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

B. Full Name (Last, First, Middle Initial)
Lockheed Martin Employees'

Mailing Address 1550 Crystal Dr
Crystal Square Two - Suite 300

City Arlington State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 02 / 2008
Transaction ID: SA11C-CN6388
 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 11013 Broad St W

City Glen Allen State VA Zip Code 23060

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 08 / 05 / 2008
Transaction ID: SA11C-CN6286
 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) ► 3500.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Mine Safety Appliances Company
Mailing Address PO Box 426
City Pittsburgh State PA Zip Code 15230
FEC ID number of contributing federal political committee. **C** C00173344
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt: MM / DD / YYYY 08 / 27 / 2008
Transaction ID: SA11C-CN6336
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)
NAMIC
Mailing Address 122 C St NW Suite 540
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00170258
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: MM / DD / YYYY 07 / 21 / 2008
Transaction ID: SA11C-CN6274
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)
National Assoc Of Development Companies 504
Mailing Address 6764 Old Mclean Village Dr
City Mc Lean State VA Zip Code 22101
FEC ID number of contributing federal political committee. **C** C00332254
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt: MM / DD / YYYY 09 / 29 / 2008
Transaction ID: SA11C-CN6411
Amount of Each Receipt this Period 3000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4500.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 47 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Assoc
Mailing Address 1101 King St Suite 600
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C** C00144766
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 7500.00
Date of Receipt 09 / 22 / 2008
Transaction ID: SA11C-CN6396
Amount of Each Receipt this Period 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Emergency Medicine
Mailing Address 2121 K St NW - Suite 325
City Washington State DC Zip Code 20037
FEC ID number of contributing federal political committee. **C** C00140061
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt 08 / 05 / 2008
Transaction ID: SA11C-CN6301
Amount of Each Receipt this Period 3000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
National Federation of Independent Business
Mailing Address 1201 F Street NW Suite 200
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00101105
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 09 / 30 / 2008
Transaction ID: SA11C-CN6419
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) ► 6500.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 48 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
National School Transportation Association
Mailing Address 113 West St Fourth Floor S
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C** C00179275
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 08 / 05 / 2008
Transaction ID: SA11C-CN6296
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)
Nisource Inc.
Mailing Address 200 Civic Center Drive
City Columbus State OH Zip Code 43215
FEC ID number of contributing federal political committee. **C** C00051979
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 09 / 29 / 2008
Transaction ID: SA11C-CN6414
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)
NSSGA Rock
Mailing Address 1605 King Street
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C** C00089458
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 07 / 21 / 2008
Transaction ID: SA11C-CN6276
Amount of Each Receipt this Period 2000.00
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
NSSGA Rock
Mailing Address 1605 King Street
City State Zip Code
Alexandria VA 22314
FEC ID number of contributing federal political committee. **C** C00089458
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00
Date of Receipt
M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 8
Transaction ID: SA11C-CN6399
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)
Oklahoma Independent Petroleum Assoc
Mailing Address 3555 58th Street Suite 400 NW
City State Zip Code
Oklahoma City OK 73112
FEC ID number of contributing federal political committee. **C** C00444430
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8
Transaction ID: SA11C-CN6415
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)
OldCastle Materials Inc
Mailing Address 101 Constitution Avenue NW
Suite 600W
City State Zip Code
Washington DC 20001
FEC ID number of contributing federal political committee. **C** C00346353
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt
M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 0 8
Transaction ID: SA11C-CN6287
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
Owner Operator Independent Drivers

Mailing Address 1101 30th Street NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00236778

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt 09 / 02 / 2008
Transaction ID: SA11C-CN6387
 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)
Penske Truck Leasing Co LP

Mailing Address Route 10 Green Hills
PO Box 563

City Reading State PA Zip Code 19603

FEC ID number of contributing federal political committee. **C** C00373217

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt 09 / 02 / 2008
Transaction ID: SA11C-CN6384
 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)
Realtors

Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 08 / 26 / 2008
Transaction ID: SA11C-CN6311
 Amount of Each Receipt this Period 5000.00

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

SUBTOTAL of Receipts This Page (optional) ► 7000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 104
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address 7733 Forsyth Blvd
Suite 2300

City State Zip Code
Saint Louis MO 63105

FEC ID number of contributing federal political committee. **C** C00407130

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2008

Transaction ID: SA11C-CN6310

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)
Reliant Energy Inc

Mailing Address PO Box 148

City State Zip Code
Houston TX 77001

FEC ID number of contributing federal political committee. **C** C00081455

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2008

Transaction ID: SA11C-CN6280

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Safari Club International

Mailing Address 4800 W. Gates Pass Road

City State Zip Code
Tucson AZ 85745

FEC ID number of contributing federal political committee. **C** C00122101

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2008

Transaction ID: SA11C-CN6308

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
United Motorcoach Association

Mailing Address 113 West St Fourth Floor S

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00437517

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 5 / 2 0 0 8

Transaction ID: SA11C-CN6299

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)
UPS

Mailing Address 55 Glenlake Parkway NE

City State Zip Code
Atlanta GA 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 2 / 2 0 0 8

Transaction ID: SA11C-CN6398

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

TOTAL This Period (last page this line number only) ► **78300.00**

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 |

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)
US Postal Service

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement

Stamps

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5586

Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

84.00

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

Stamps

B.

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

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement

Stamps

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5618

Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

100.80

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

Stamps

C.

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

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement

Postage

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5698

Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

21.00

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

Postage

SUBTOTAL of Disbursements This Page (optional)

205.80

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 |

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) US Postal Service Mailing Address 525 Allegheny Street City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5708 Date of Disbursement 09 / 18 / 2008 Amount of Each Disbursement this Period 18.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Postage |
| B. | Full Name (Last, First, Middle Initial) US Postal Service Mailing Address 525 Allegheny Street City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement Permit #334 - Business Reply Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5723 Date of Disbursement 09 / 30 / 2008 Amount of Each Disbursement this Period 180.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Permit #334 - Business Reply Mail |
| C. | Full Name (Last, First, Middle Initial) Commonwealth Of Pennsylvania Mailing Address Department of State 210 North Office Building City Harrisburg State PA Zip Code 17120 Purpose of Disbursement Constituents lists Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5713 Date of Disbursement 09 / 25 / 2008 Amount of Each Disbursement this Period 150.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Constituents lists |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 348.39 |
| 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)

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

Any Information copied from such Reports and Statements and 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)
William Shuster

Transaction ID: SB17-EX5536
Date of Disbursement

Mailing Address 9 Overlook Drive

07 / 16 / 2008

City Hollidaysburg State PA Zip Code 16648

Amount of Each Disbursement this Period

118.04

Purpose of Disbursement
Various office items

001
Category/
Type

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

Candidate Name
William Shuster

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Various office items

State: PA District: 09

B.

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

Transaction ID: SB17-EX5573
Date of Disbursement

Mailing Address 9 Overlook Drive

08 / 13 / 2008

City Hollidaysburg State PA Zip Code 16648

Amount of Each Disbursement this Period

173.85

Purpose of Disbursement
Campaign meeting expenses

002
Category/
Type

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

Candidate Name
William Shuster

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Campaign meeting expenses

State: PA District: 09

C.

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

Transaction ID: SB17-EX5658
Date of Disbursement

Mailing Address 9 Overlook Drive

09 / 18 / 2008

City Hollidaysburg State PA Zip Code 16648

Amount of Each Disbursement this Period

79.37

Purpose of Disbursement
Taxi and meal reimbursement

002
Category/
Type

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

Candidate Name
William Shuster

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Taxi and meal reimburseme-
nt

State: PA District: 09

SUBTOTAL of Disbursements This Page (optional)

371.26

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 |

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)
Ciocca Benton & Okonak P.C.

Mailing Address 912 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement Labels

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5626
Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

107.30

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

Labels

B.

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

Mailing Address 1580 Orchard Drive

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement Meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5621
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

39.75

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

Meals

C.

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

Mailing Address 1580 Orchard Drive

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement Catering

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5622
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

443.87

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

Catering

SUBTOTAL of Disbursements This Page (optional) ▶

590.92

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 |

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Altoona Mirror</p> <p>Mailing Address PO Box 2008 301 Cayuga Ave</p> <p>City Altoona State PA Zip Code 16603</p> <p>Purpose of Disbursement Bookcover ad</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5646</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 160.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Bookcover ad</p> |
| <p>B. Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 660748</p> <p>City Dallas State TX Zip Code 75266</p> <p>Purpose of Disbursement Telephone</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5532</p> <p>Date of Disbursement 07 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 175.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Telephone</p> |
| <p>C. Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 660748</p> <p>City Dallas State TX Zip Code 75266</p> <p>Purpose of Disbursement Telephone</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5565</p> <p>Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 179.57</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Telephone</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

515.43

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

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

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

FOR LINE NUMBER:
(check only one)

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

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)
Verizon

Mailing Address PO Box 660748

City Dallas State TX Zip Code 75266

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5647
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

179.31

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

Telephone

B.

Full Name (Last, First, Middle Initial)
Tortilla Coast

Mailing Address 400 First Street SE

City Washington State DC Zip Code 20016

Purpose of Disbursement
Catering

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5619
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

316.80

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

Catering

C.

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

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Gasoline

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5613
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

39.70

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

Gasoline

SUBTOTAL of Disbursements This Page (optional) ▶

535.81

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Gasoline

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5688
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

49.00

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

Gasoline

B.

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

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Gasoline

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5689
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

60.05

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

Gasoline

C.

Full Name (Last, First, Middle Initial)
Exxon

Mailing Address 542 South Center Street

City Ebensburg State PA Zip Code 15931

Purpose of Disbursement
Gasoline

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5607
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

50.46

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

Gasoline

SUBTOTAL of Disbursements This Page (optional) ▶

159.51

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 |

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

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) PA UC Fund</p> <p>Mailing Address PO Box 68568</p> <p>City Harrisburg State PA Zip Code 17106</p> <p>Purpose of Disbursement 2nd Quarter 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5543</p> <p>Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 30.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>2nd Quarter 2008</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) The Dream Restaurant</p> <p>Mailing Address 1500 Allegheny Street</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5584</p> <p>Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 125.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Meals</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) The Dream Restaurant</p> <p>Mailing Address 1500 Allegheny Street</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5664</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 30.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Meals</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

186.94

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 |

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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Various meals</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5575</p> <p>Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 473.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Various meals</p> |
| <p>B. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Various one-on-one meals</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5572</p> <p>Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 52.57</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Various one-on-one meals</p> |
| <p>C. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Various meals and banquet</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5600</p> <p>Date of Disbursement 08 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 885.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Various meals and banquet</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1412.29

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB17-EX5633</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.24"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Meal</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Banquet Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB17-EX5662</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1293.42"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Banquet Meals</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB17-EX5533</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.99"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Postage</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

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 |

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) UPS | Transaction ID: SB17-EX5599 |
| | Mailing Address PO Box 7247-0244 | Date of Disbursement 08 / 20 / 2008 |
| | City Philadelphia State PA Zip Code 19170 | Amount of Each Disbursement this Period 18.96 |
| | Purpose of Disbursement Postage Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type 001 |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Postage |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) The Capital Grille | Transaction ID: SB17-EX5709 |
| | Mailing Address 601 Pennsylvania Avenue NW | Date of Disbursement 09 / 18 / 2008 |
| | City Washington State DC Zip Code 20004 | Amount of Each Disbursement this Period 101.70 |
| | Purpose of Disbursement Meal Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type 002 |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Meal |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Capitol Lounge | Transaction ID: SB17-EX5612 |
| | Mailing Address 231 Pennsylvania Ave SE | Date of Disbursement 08 / 20 / 2008 |
| | City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period 31.00 |
| | Purpose of Disbursement Meals Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type 002 |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Meals |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 151.66 |
| 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)

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

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)
Schneiders Of Capitol Hill

Transaction ID: SB17-EX5615
Date of Disbursement

Mailing Address 300 Massachusetts Avenue NE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 0 | | 2 | 0 | 0 | 8 |

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

| |
|--------|
| 599.29 |
|--------|

Purpose of Disbursement
Beverages for Fundraiser

| |
|-----|
| 003 |
|-----|

Category/
Type

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

Candidate Name

Beverages for Fundraiser

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Red Hot And Blue Catering

Transaction ID: SB17-EX5614
Date of Disbursement

Mailing Address 1701 Clarendon Blvd Suite 105

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 0 | | 2 | 0 | 0 | 8 |

City Arlington State VA Zip Code 22209

Amount of Each Disbursement this Period

| |
|--------|
| 356.59 |
|--------|

Purpose of Disbursement
Catering for Fundraiser

| |
|-----|
| 003 |
|-----|

Category/
Type

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

Candidate Name

Catering for Fundraiser

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
O.K. Stuckey And Son

Transaction ID: SB17-EX5627
Date of Disbursement

Mailing Address 1800 Eighth Avenue

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 9 | | 2 | 0 | 0 | 8 |

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

| |
|--------|
| 442.50 |
|--------|

Purpose of Disbursement
Letterhead

| |
|-----|
| 001 |
|-----|

Category/
Type

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

Candidate Name

Letterhead

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 1398.38 |
|---------|

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)

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

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)
The Inn At Georgian Place

Mailing Address 800 Georgian Place Drive

City Somerset State PA Zip Code 15501

Purpose of Disbursement
Meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5585
Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

280.00

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

Meals

B.

Full Name (Last, First, Middle Initial)
The Inn At Georgian Place

Mailing Address 800 Georgian Place Drive

City Somerset State PA Zip Code 15501

Purpose of Disbursement
Campaign Meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5681
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

200.00

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

Campaign Meals

C.

Full Name (Last, First, Middle Initial)
The Inn At Georgian Place

Mailing Address 800 Georgian Place Drive

City Somerset State PA Zip Code 15501

Purpose of Disbursement
Meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5682
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

59.00

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

Meals

SUBTOTAL of Disbursements This Page (optional) ▶

539.00

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 |

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)
Roger Osbaugh

Transaction ID: SB17-EX5546
Date of Disbursement

Mailing Address 1153 Leisure Drive

/ /

City State Zip Code
Chambersburg PA 17202

Amount of Each Disbursement this Period

Purpose of Disbursement
Mileage & Expense reimbursement
Candidate Name

Category/
Type

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

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Mileage & Expense reimbur-
sement

B.

Full Name (Last, First, Middle Initial)
Roger Osbaugh

Transaction ID: SB17-EX5559
Date of Disbursement

Mailing Address 1153 Leisure Drive

/ /

City State Zip Code
Chambersburg PA 17202

Amount of Each Disbursement this Period

Purpose of Disbursement
Mileage reimbursement
Candidate Name

Category/
Type

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

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Mileage reimbursement

C.

Full Name (Last, First, Middle Initial)
Roger Osbaugh

Transaction ID: SB17-EX5566
Date of Disbursement

Mailing Address 1153 Leisure Drive

/ /

City State Zip Code
Chambersburg PA 17202

Amount of Each Disbursement this Period

Purpose of Disbursement
Mileage reimbursement
Candidate Name

Category/
Type

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

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Mileage reimbursement

SUBTOTAL of Disbursements This Page (optional) ▶

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 |

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)
Roger Osbaugh

Transaction ID: SB17-EX5635
Date of Disbursement

Mailing Address 1153 Leisure Drive

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 9 | | 2 | 0 | 8 | |

City State Zip Code
Chambersburg PA 17202

Amount of Each Disbursement this Period

| |
|------|
| 7.02 |
|------|

Purpose of Disbursement
Mileage reimbursement

| |
|-----|
| 001 |
|-----|

Category/
Type

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

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Mileage reimbursement

B.

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

Transaction ID: SB17-EX5548
Date of Disbursement

Mailing Address PO Box 25505

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 3 | | 2 | 0 | 8 | |

City State Zip Code
Lehigh Valley PA 18002

Amount of Each Disbursement this Period

| |
|--------|
| 597.80 |
|--------|

Purpose of Disbursement
Telephone

| |
|-----|
| 001 |
|-----|

Category/
Type

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

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Telephone

C.

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

Transaction ID: SB17-EX5590
Date of Disbursement

Mailing Address PO Box 25505

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 1 | 0 | | 2 | 0 | 8 | |

City State Zip Code
Lehigh Valley PA 18002

Amount of Each Disbursement this Period

| |
|--------|
| 545.46 |
|--------|

Purpose of Disbursement
Telephone

| |
|-----|
| 001 |
|-----|

Category/
Type

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

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Telephone

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 1150.28 |
|---------|

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 |

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)
Verizon Wireless

Mailing Address PO Box 25505

City State Zip Code
Lehigh Valley PA 18002

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5717
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

590.04

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

Telephone

B.

Full Name (Last, First, Middle Initial)
DSK Consultants

Mailing Address 530 Garber Street

City State Zip Code
Hollidaysburg PA 16648

Purpose of Disbursement
Quarterly retainer for fundraising

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5538
Date of Disbursement

07 / 16 / 2008

Amount of Each Disbursement this Period

3000.00

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

Quarterly retainer for fu-
ndraising

C.

Full Name (Last, First, Middle Initial)
DSK Consultants

Mailing Address 530 Garber Street

City State Zip Code
Hollidaysburg PA 16648

Purpose of Disbursement
Lodging expenses

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5714
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

1597.44

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

Lodging expenses

SUBTOTAL of Disbursements This Page (optional) ▶

5187.48

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 |

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) ATLANTIC broadband | Transaction ID: SB17-EX5531 Date of Disbursement 07 / 16 / 2008 |
| | Mailing Address Box 371801 | Amount of Each Disbursement this Period 109.15 |
| | City Pittsburgh State PA Zip Code 15250 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Internet Service Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial) ATLANTIC broadband | Transaction ID: SB17-EX5545 Date of Disbursement 07 / 23 / 2008 |
| | Mailing Address Box 371801 | Amount of Each Disbursement this Period 59.97 |
| | City Pittsburgh State PA Zip Code 15250 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Internet Service Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial) ATLANTIC broadband | Transaction ID: SB17-EX5564 Date of Disbursement 08 / 13 / 2008 |
| | Mailing Address Box 371801 | Amount of Each Disbursement this Period 109.15 |
| | City Pittsburgh State PA Zip Code 15250 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Internet Service Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

278.27

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 |

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) ATLANTIC broadband Mailing Address Box 371801 City Pittsburgh State PA Zip Code 15250 Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5644 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 8 Amount of Each Disbursement this Period 56.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Internet Service |
| B. Full Name (Last, First, Middle Initial) ATLANTIC broadband Mailing Address Box 371801 City Pittsburgh State PA Zip Code 15250 Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5645 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 8 Amount of Each Disbursement this Period 109.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Internet Service |
| C. Full Name (Last, First, Middle Initial) ATLANTIC broadband Mailing Address Box 371801 City Pittsburgh State PA Zip Code 15250 Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5661 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8 Amount of Each Disbursement this Period 59.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Internet Service |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ► | 225.84 |
| 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 |

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) CenPenn Realty LLC Mailing Address 513 Allegheny Street City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement August 2008 rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5549 Date of Disbursement 07 / 23 / 2008 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 August 2008 rent |
| B. | Full Name (Last, First, Middle Initial) CenPenn Realty LLC Mailing Address 513 Allegheny Street City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement September 2008 rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5597 Date of Disbursement 08 / 20 / 2008 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 September 2008 rent |
| C. | Full Name (Last, First, Middle Initial) CenPenn Realty LLC Mailing Address 513 Allegheny Street City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement October 2008 Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5722 Date of Disbursement 09 / 30 / 2008 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 October 2008 Rent |

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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 |

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)
Jim Frank

Transaction ID: SB17-EX5649
Date of Disbursement

Mailing Address 1628 St. Francis Lane

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 8 | | 2 | 0 | 0 | 8 |

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

| |
|--------|
| 581.12 |
|--------|

Purpose of Disbursement
Mileage and parking
Candidate Name

| |
|-----|
| 001 |
|-----|

Category/
Type

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

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Mileage and parking

B.

Full Name (Last, First, Middle Initial)
Robbe E Diehl

Transaction ID: SB17-EX5711
Date of Disbursement

Mailing Address 1070 N Royal Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 3 | 0 | | 2 | 0 | 0 | 8 |

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

| |
|---------|
| 4898.64 |
|---------|

Purpose of Disbursement
Payroll 9-15-08 to 11-5-08
Candidate Name

| |
|-----|
| 001 |
|-----|

Category/
Type

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

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Payroll 9-15-08 to 11-5-08

C.

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

Transaction ID: SB17-EX5541
Date of Disbursement

Mailing Address 1100 Logan Blvd

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 0 | 1 | | 2 | 0 | 0 | 8 |

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

| |
|-------|
| 25.00 |
|-------|

Purpose of Disbursement
Bank Service Charge
Candidate Name

| |
|-----|
| 001 |
|-----|

Category/
Type

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

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Bank Service Charge

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 5504.76 |
|---------|

TOTAL This Period (last page this line number only)

| |
|--|
| |
|--|

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
S&T Bank

Transaction ID: SB17-EX5638
Date of Disbursement

Mailing Address 1100 Logan Blvd

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 1 | | 2 | 0 | 0 | 8 |

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement
Bank Service Charge

| |
|-------------------|
| 001 |
| Category/ Type |

| |
|-------|
| 25.00 |
|-------|

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

Bank Service Charge

State: District:

B.

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

Transaction ID: SB17-EX5639
Date of Disbursement

Mailing Address 1100 Logan Blvd

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 2 | | 2 | 0 | 0 | 8 |

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement
Bank Service Charge

| |
|-------------------|
| 001 |
| Category/ Type |

| |
|-------|
| 25.00 |
|-------|

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

Bank Service Charge

State: District:

C.

Full Name (Last, First, Middle Initial)
Nemacolin Woodlands Resort & Spa

Transaction ID: SB17-EX5601
Date of Disbursement

Mailing Address 1001 LaFayette Drive

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 0 | | 2 | 0 | 0 | 8 |

City Farmington State PA Zip Code 15437

Amount of Each Disbursement this Period

Purpose of Disbursement
Dinner for NRCC event

| |
|-------------------|
| 002 |
| Category/ Type |

| |
|--------|
| 124.00 |
|--------|

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

Dinner for NRCC event

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|--------|
| 174.00 |
|--------|

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 |

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) Nemacolin Woodlands Resort & Spa | Transaction ID: SB17-EX5602 |
| | Mailing Address 1001 LaFayette Drive | Date of Disbursement 08 / 20 / 2008 |
| | City Farmington State PA Zip Code 15437 | Amount of Each Disbursement this Period 1520.27 |
| | Purpose of Disbursement Lodging for NRCC event | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | 002 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Lodging for NRCC event |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Nemacolin Woodlands Resort & Spa | Transaction ID: SB17-EX5603 |
| | Mailing Address 1001 LaFayette Drive | Date of Disbursement 08 / 20 / 2008 |
| | City Farmington State PA Zip Code 15437 | Amount of Each Disbursement this Period 42.50 |
| | Purpose of Disbursement Lodging | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | 002 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Lodging |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Nemacolin Woodlands Resort & Spa | Transaction ID: SB17-EX5694 |
| | Mailing Address 1001 LaFayette Drive | Date of Disbursement 09 / 18 / 2008 |
| | City Farmington State PA Zip Code 15437 | Amount of Each Disbursement this Period 127.00 |
| | Purpose of Disbursement Campaign dinner | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | 002 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Campaign dinner |

SUBTOTAL of Disbursements This Page (optional) ▶

1689.77

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 |

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

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Jeffrey Loveng</p> <p>Mailing Address 228 W. Windsor Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement Taxis and parking fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5650</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 321.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Taxis and parking fees</p> |
| <p>B. Full Name (Last, First, Middle Initial) Blair County Farm Bureau</p> <p>Mailing Address PO Box 8736</p> <p>City Camp Hill State PA Zip Code 17001</p> <p>Purpose of Disbursement Member ID 064972</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5660</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 72.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Member ID 064972</p> |
| <p>C. Full Name (Last, First, Middle Initial) e2c consulting Inc.</p> <p>Mailing Address PO Box 29576</p> <p>City Washington State DC Zip Code 20017</p> <p>Purpose of Disbursement Consulting Fundraising Fee - Aug 08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5550</p> <p>Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Consulting Fundraising Fee - Aug 08</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

4393.00

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 |

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) e2c consulting Inc. | Transaction ID: SB17-EX5598 Date of Disbursement 08 / 20 / 2008 |
| | Mailing Address PO Box 29576 | Amount of Each Disbursement this Period 4000.00 |
| | City Washington State DC Zip Code 20017 | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> |
| | Purpose of Disbursement Consulting Fundraising Fee - Sep 08 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 003 Consulting Fundraising Fee - Sep 08 |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) e2c consulting Inc. | Transaction ID: SB17-EX5721 Date of Disbursement 09 / 30 / 2008 |
| | Mailing Address PO Box 29576 | Amount of Each Disbursement this Period 4000.00 |
| | City Washington State DC Zip Code 20017 | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> |
| | Purpose of Disbursement Consulting Fundraising Fee - Oct 08 Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 003 Consulting Fundraising Fee - Oct 08 |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Brent Gates | Transaction ID: SB17-EX5631 Date of Disbursement 08 / 29 / 2008 |
| | Mailing Address 310 Penn Street Suite 200 | Amount of Each Disbursement this Period 12.00 |
| | City Hollidaysburg State PA Zip Code 16648 | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> |
| | Purpose of Disbursement Parking Fees Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 002 Parking Fees |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 8012.00 |
| 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 |

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) Brent Gates Mailing Address 310 Penn Street Suite 200 City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement Mileage reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5657 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>0</td><td>9</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>39.78</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Mileage reimbursement | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | / | 1 | 8 | / | 2 | 0 | 0 | 8 | 39.78 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 9 | / | 1 | 8 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | | | |
| 39.78 | | | | | | | | | | | | | | | | | | | | | | | |
| B. | Full Name (Last, First, Middle Initial) Canan Station Print Shoppe Mailing Address PO Box 632 City Altoona State PA Zip Code 16603 Purpose of Disbursement Invitations and RSVP cards Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5718 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>0</td><td>9</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>213.06</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Invitations and RSVP cards | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | / | 3 | 0 | / | 2 | 0 | 0 | 8 | 213.06 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 9 | / | 3 | 0 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | | | |
| 213.06 | | | | | | | | | | | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Canan Station Print Shoppe Mailing Address PO Box 632 City Altoona State PA Zip Code 16603 Purpose of Disbursement Invitations and RSVP cards Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5719 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>0</td><td>9</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>233.73</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Invitations and RSVP cards | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | / | 3 | 0 | / | 2 | 0 | 0 | 8 | 233.73 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 9 | / | 3 | 0 | / | 2 | 0 | 0 | 8 | | | | | | | | | | | | | | |
| 233.73 | | | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional) ▶

486.57

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 |

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)
Canan Station Print Shoppe

Transaction ID: SB17-EX5724
Date of Disbursement

Mailing Address PO Box 632

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 3 | 0 | | 2 | 0 | 0 | 8 |

City Altoona State PA Zip Code 16603

Amount of Each Disbursement this Period

| |
|--------|
| 235.85 |
|--------|

Purpose of Disbursement
Envelopes

| |
|-----|
| 003 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Envelopes

State: District:

B.

Full Name (Last, First, Middle Initial)
Kiwanis Club Of Altoona

Transaction ID: SB17-EX5651
Date of Disbursement

Mailing Address c/o David Scott - YOBCO
PO Box 1550

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 8 | | 2 | 0 | 0 | 8 |

City Altoona State PA Zip Code 16603

Amount of Each Disbursement this Period

| |
|--------|
| 200.00 |
|--------|

Purpose of Disbursement
Full page ad

| |
|-----|
| 004 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Full page ad

State: District:

C.

Full Name (Last, First, Middle Initial)
Edonation 1 Account

Transaction ID: SB17-EX5640
Date of Disbursement

Mailing Address 118 North Saint Asaph Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 1 | 5 | | 2 | 0 | 0 | 8 |

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

| |
|-------|
| 45.00 |
|-------|

Purpose of Disbursement
Bank Service Charge

| |
|-----|
| 001 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Bank Service Charge

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|--------|
| 480.85 |
|--------|

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 |

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)
Edonation 1 Account

Mailing Address 118 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Bank Service Charge
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17-EX5731
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

44.00

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

Bank Service Charge

B.

Full Name (Last, First, Middle Initial)
S&T Bank - Payroll

Mailing Address 1100 Logan Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
EFTPS - June 2008
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17-EX5542
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

26.85

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

EFTPS - June 2008

C.

Full Name (Last, First, Middle Initial)
S&T Bank - Payroll

Mailing Address 1100 Logan Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
PA Telefile 2nd quarter 2008
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17-EX5551
Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

15.72

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

PA Telefile 2nd quarter
2008

SUBTOTAL of Disbursements This Page (optional) ▶

86.57

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 |

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) S&T Bank - Payroll | Transaction ID: SB17-EX5560 Date of Disbursement |
| | Mailing Address 1100 Logan Blvd | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2008"/> |
| | City Altoona State PA Zip Code 16602 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement EFTPS - July 2008 | <input type="text" value="26.85"/> |
| | Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type <input type="text" value="001"/> |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | EFTPS - July 2008 |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) S&T Bank - Payroll | Transaction ID: SB17-EX5623 Date of Disbursement |
| | Mailing Address 1100 Logan Blvd | <input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2008"/> |
| | City Altoona State PA Zip Code 16602 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement EFTPS - August 2008 | <input type="text" value="26.85"/> |
| | Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type <input type="text" value="001"/> |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | EFTPS - August 2008 |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) AT&T Mobility | Transaction ID: SB17-EX5554 Date of Disbursement |
| | Mailing Address PO Box 6463 | <input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2008"/> |
| | City Carol Stream State IL Zip Code 60197 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Telephone | <input type="text" value="132.82"/> |
| | Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type <input type="text" value="001"/> |
| | Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Telephone |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="186.52"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

**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 |

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) AT&T Mobility Mailing Address PO Box 6463 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5625 Date of Disbursement 08 / 29 / 2008 |
| | Amount of Each Disbursement this Period 136.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Telephone |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address PO Box 6463 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5710 Date of Disbursement 09 / 30 / 2008 |
| | Amount of Each Disbursement this Period 138.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Telephone |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) Targeted Creative Communications Inc Mailing Address 106 South Columbus Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5653 Date of Disbursement 09 / 18 / 2008 |
| | Amount of Each Disbursement this Period 140.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Mercerberg Phone Calls |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 415.81 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Meghan L Johnson

Mailing Address 301 Maple Hollow Road

City Duncansville State PA Zip Code 16635

Purpose of Disbursement
Payroll 7/01/2008 to 7/31/2008

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5552
Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

150.00

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

Payroll 7/01/2008 to 7/31-/2008

B.

Full Name (Last, First, Middle Initial)
Meghan L Johnson

Mailing Address 301 Maple Hollow Road

City Duncansville State PA Zip Code 16635

Purpose of Disbursement
Payroll 8/01/2008 to 8/31/2008

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5624
Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

150.00

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

Payroll 8/01/2008 to 8/31-/2008

C.

Full Name (Last, First, Middle Initial)
Meghan L Johnson

Mailing Address 301 Maple Hollow Road

City Duncansville State PA Zip Code 16635

Purpose of Disbursement
Payroll 09/01/2008 to 09/30/2008

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5712
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

150.00

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

Payroll 09/01/2008 to 09/-30/2008

SUBTOTAL of Disbursements This Page (optional) ▶

450.00

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 |

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)
Freedompay Inc

Transaction ID: SB17-EX5577
Date of Disbursement

Mailing Address 565 E. Swedesford Road
Suite 100

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 3 | | 2 | 0 | 0 | 8 |

City Wayne State PA Zip Code 19087

Amount of Each Disbursement this Period

| |
|--------|
| 103.25 |
|--------|

Purpose of Disbursement
Meals

| |
|-----|
| 002 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Meals

State: District:

B.

Full Name (Last, First, Middle Initial)
Freedompay Inc

Transaction ID: SB17-EX5610
Date of Disbursement

Mailing Address 565 E. Swedesford Road
Suite 100

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 0 | | 2 | 0 | 0 | 8 |

City Wayne State PA Zip Code 19087

Amount of Each Disbursement this Period

| |
|-------|
| 81.95 |
|-------|

Purpose of Disbursement
Meals

| |
|-----|
| 002 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Meals

State: District:

C.

Full Name (Last, First, Middle Initial)
Freedompay Inc

Transaction ID: SB17-EX5611
Date of Disbursement

Mailing Address 565 E. Swedesford Road
Suite 100

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 0 | | 2 | 0 | 0 | 8 |

City Wayne State PA Zip Code 19087

Amount of Each Disbursement this Period

| |
|-------|
| 50.00 |
|-------|

Purpose of Disbursement
Meals

| |
|-----|
| 002 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Meals

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|--------|
| 235.20 |
|--------|

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 |

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

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Campbell Holste Inc.</p> <p>Mailing Address 140 Littleton Road Suite 320</p> <p>City Parsippany State NJ Zip Code 07054</p> <p>Purpose of Disbursement August Consulting Services</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5534</p> <p>Date of Disbursement 07 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>August Consulting Services</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Campbell Holste Inc.</p> <p>Mailing Address 140 Littleton Road Suite 320</p> <p>City Parsippany State NJ Zip Code 07054</p> <p>Purpose of Disbursement Photo Shoot</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5567</p> <p>Date of Disbursement 08 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 18000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Photo Shoot</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Campbell Holste Inc.</p> <p>Mailing Address 140 Littleton Road Suite 320</p> <p>City Parsippany State NJ Zip Code 07054</p> <p>Purpose of Disbursement Web site placement</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5654</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 12250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Web site placement</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

34250.00

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 |

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)
Campbell Holste Inc.

Transaction ID: SB17-EX5655
Date of Disbursement

Mailing Address 140 Littleton Road Suite 320

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 8 | | 2 | 0 | 0 | 8 |

City Parsippany State NJ Zip Code 07054

Amount of Each Disbursement this Period

| |
|----------|
| 12250.00 |
|----------|

Purpose of Disbursement
Web Site Placement-October

| |
|-----|
| 004 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

Web Site Placement-October

State: District:

B.

Full Name (Last, First, Middle Initial)
Campbell Holste Inc.

Transaction ID: SB17-EX5656
Date of Disbursement

Mailing Address 140 Littleton Road Suite 320

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 8 | | 2 | 0 | 0 | 8 |

City Parsippany State NJ Zip Code 07054

Amount of Each Disbursement this Period

| |
|---------|
| 4000.00 |
|---------|

Purpose of Disbursement
October Consulting Services

| |
|-----|
| 003 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

October Consulting Services

State: District:

C.

Full Name (Last, First, Middle Initial)
Campbell Holste Inc.

Transaction ID: SB17-EX5720
Date of Disbursement

Mailing Address 140 Littleton Road Suite 320

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 3 | 0 | | 2 | 0 | 0 | 8 |

City Parsippany State NJ Zip Code 07054

Amount of Each Disbursement this Period

| |
|---------|
| 4000.00 |
|---------|

Purpose of Disbursement
September Consulting Services

| |
|-----|
| 003 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

September Consulting Services

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|----------|
| 20250.00 |
|----------|

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 |

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)
The Oorbeek Group

Mailing Address 5903 Woodfield Estates Drive

City State Zip Code
Alexandria VA 22310

Purpose of Disbursement
Catering for fundraiser

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5547
Date of Disbursement

07 / 23 / 2008

Amount of Each Disbursement this Period

3314.75

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

Catering for fundraiser

B.

Full Name (Last, First, Middle Initial)
Jon McClintock

Mailing Address #2 Point View Drive
RR 2 Box 318

City State Zip Code
Williamsburg PA 16693

Purpose of Disbursement
Yard signs

Candidate Name

006
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5553
Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

4279.60

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

Yard signs

C.

Full Name (Last, First, Middle Initial)
Jon McClintock

Mailing Address #2 Point View Drive
RR 2 Box 318

City State Zip Code
Williamsburg PA 16693

Purpose of Disbursement
Yard Signs - Invoice 1081

Candidate Name

006
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5571
Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

36.72

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

Yard Signs - Invoice 1081

SUBTOTAL of Disbursements This Page (optional)

7631.07

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 |

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)
Northwest Airlines

Transaction ID: SB17-EX5580
Date of Disbursement

Mailing Address Cashiers Div 410

/ /

City State Zip Code
Saint Paul MN 55111

Amount of Each Disbursement this Period

Purpose of Disbursement
Tickets to Rep Convention

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

Tickets to Rep Convention

State: District:

B.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Transaction ID: SB17-EX5581
Date of Disbursement

Mailing Address Cashiers Div 410

/ /

City State Zip Code
Saint Paul MN 55111

Amount of Each Disbursement this Period

Purpose of Disbursement
Ticket to Rep Convention

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

Ticket to Rep Convention

State: District:

C.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Transaction ID: SB17-EX5582
Date of Disbursement

Mailing Address Cashiers Div 410

/ /

City State Zip Code
Saint Paul MN 55111

Amount of Each Disbursement this Period

Purpose of Disbursement
Ticket to Rep Convention

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

Ticket to Rep Convention

State: District:

SUBTOTAL of Disbursements This Page (optional)

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 |

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)
Northwest Airlines

Transaction ID: SB17-EX5604
Date of Disbursement

Mailing Address Cashiers Div 410

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 0 | | 2 | 0 | 0 | 8 |

City State Zip Code
Saint Paul MN 55111

Amount of Each Disbursement this Period

| |
|--------|
| 551.80 |
|--------|

Purpose of Disbursement
Flight for Convention

| |
|-----|
| 002 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Flight for Convention

State: District:

B.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Transaction ID: SB17-EX5605
Date of Disbursement

Mailing Address Cashiers Div 410

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 0 | | 2 | 0 | 0 | 8 |

City State Zip Code
Saint Paul MN 55111

Amount of Each Disbursement this Period

| |
|-------|
| 71.80 |
|-------|

Purpose of Disbursement
Flight for Convention

| |
|-----|
| 002 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Flight for Convention

State: District:

C.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Transaction ID: SB17-EX5606
Date of Disbursement

Mailing Address Cashiers Div 410

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 0 | | 2 | 0 | 0 | 8 |

City State Zip Code
Saint Paul MN 55111

Amount of Each Disbursement this Period

| |
|-------|
| 71.80 |
|-------|

Purpose of Disbursement
Flight for Convention

| |
|-----|
| 002 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Flight for Convention

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|--------|
| 695.40 |
|--------|

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

| |
|--|
| |
|--|

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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) Northwest Airlines Mailing Address Cashiers Div 410 City Saint Paul State MN Zip Code 55111 Purpose of Disbursement Luggage charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5666 Date of Disbursement 09 / 18 / 2008 Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Luggage charge |
| B. | Full Name (Last, First, Middle Initial) Northwest Airlines Mailing Address Cashiers Div 410 City Saint Paul State MN Zip Code 55111 Purpose of Disbursement Luggage charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5667 Date of Disbursement 09 / 18 / 2008 Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Luggage charge |
| C. | Full Name (Last, First, Middle Initial) Northwest Airlines Mailing Address Cashiers Div 410 City Saint Paul State MN Zip Code 55111 Purpose of Disbursement Luggage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17-EX5671 Date of Disbursement 09 / 18 / 2008 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Luggage |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 130.00 |
| 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)

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

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)
Northwest Airlines

Mailing Address Cashiers Div 410

City Saint Paul State MN Zip Code 55111

Purpose of Disbursement Luggage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5672
Date of Disbursement: 09 / 18 / 2008

Amount of Each Disbursement this Period: 40.00

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

Luggage

B.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address Cashiers Div 410

City Saint Paul State MN Zip Code 55111

Purpose of Disbursement Luggage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5673
Date of Disbursement: 09 / 18 / 2008

Amount of Each Disbursement this Period: 40.00

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

Luggage

C.

Full Name (Last, First, Middle Initial)
Northwest Airlines

Mailing Address Cashiers Div 410

City Saint Paul State MN Zip Code 55111

Purpose of Disbursement Luggage

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5699
Date of Disbursement: 09 / 18 / 2008

Amount of Each Disbursement this Period: 40.00

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

Luggage

SUBTOTAL of Disbursements This Page (optional) ► **120.00**

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 |

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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address Cashiers Div 410</p> <p>City Saint Paul State MN Zip Code 55111</p> <p>Purpose of Disbursement Luggage</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5700</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 40.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Luggage</p> |
| <p>B. Full Name (Last, First, Middle Initial) Zaytinya</p> <p>Mailing Address 701 Ninth Street NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Catering</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5583</p> <p>Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Catering</p> |
| <p>C. Full Name (Last, First, Middle Initial) Crossroads Restaurant</p> <p>Mailing Address 552 Crossroad School Road</p> <p>City Carlisle State PA Zip Code 17013</p> <p>Purpose of Disbursement Campaign Meal</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5643</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 266.43</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Campaign Meal</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1506.43

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Holiday Inn Express

Mailing Address 20 South Tenth Street

City Pittsburgh State PA Zip Code 15203

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5670
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

135.12

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

Lodging

B.

Full Name (Last, First, Middle Initial)
Altoona Hotel

Mailing Address 3830 Fifth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Supporters Dinner

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5674
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

620.00

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

Supporters Dinner

C.

Full Name (Last, First, Middle Initial)
Marriott

Mailing Address 5801 Opus Parkway

City Minnetonka State MN Zip Code 55345

Purpose of Disbursement
Lodging - Republican Convention

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17-EX5675
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

1101.56

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

Lodging - Republican Convention

SUBTOTAL of Disbursements This Page (optional)

1856.68

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 |

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Marriott</p> <p>Mailing Address 5801 Opus Parkway</p> <p>City Minnetonka State MN Zip Code 55345</p> <p>Purpose of Disbursement Lodging - Republican Convention</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5676</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Lodging - Republican Convention</p> |
| <p>B. Full Name (Last, First, Middle Initial) Marriott</p> <p>Mailing Address 5801 Opus Parkway</p> <p>City Minnetonka State MN Zip Code 55345</p> <p>Purpose of Disbursement Lodging - Republican Convention</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5677</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 923.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Lodging - Republican Convention</p> |
| <p>C. Full Name (Last, First, Middle Initial) Marriott</p> <p>Mailing Address 5801 Opus Parkway</p> <p>City Minnetonka State MN Zip Code 55345</p> <p>Purpose of Disbursement Lodging - Republican Convention</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5678</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Lodging - Republican Convention</p> |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1323.50 |
| TOTAL This Period (last page this line number only) | |

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

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

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 |

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

| | |
|---|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Marriott</p> <p>Mailing Address 5801 Opus Parkway</p> <p>City Minnetonka State MN Zip Code 55345</p> <p>Purpose of Disbursement Lodging - Republican Convention</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5679</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Lodging - Republican Convention</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Marriott</p> <p>Mailing Address 5801 Opus Parkway</p> <p>City Minnetonka State MN Zip Code 55345</p> <p>Purpose of Disbursement Lodging - Republican Convention</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5680</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Lodging - Republican Convention</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Marriott</p> <p>Mailing Address 5801 Opus Parkway</p> <p>City Minnetonka State MN Zip Code 55345</p> <p>Purpose of Disbursement Lodging - Convention</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17-EX5705</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 1035.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Lodging - Convention</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1435.99

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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 |

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)
Marriott

Mailing Address 5801 Opus Parkway

City State Zip Code
Minnetonka MN 55345

Purpose of Disbursement
Lodging - Republican Convention

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5706
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

877.49

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

Lodging - Republican Convention

B.

Full Name (Last, First, Middle Initial)
Alamo

Mailing Address Minneapolis - St Paul Airport
Main Terminal - Lindbergh

City State Zip Code
Saint Paul MN 55116

Purpose of Disbursement
Car Rental for Convention

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5704
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

1066.54

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

Car Rental for Convention

C.

Full Name (Last, First, Middle Initial)
Alamo

Mailing Address Minneapolis - St Paul Airport
Main Terminal - Lindbergh

City State Zip Code
Saint Paul MN 55116

Purpose of Disbursement
Car Rental Protection

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5707
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

24.95

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

Car Rental Protection

SUBTOTAL of Disbursements This Page (optional)

1968.98

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 |

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)
Robert M McGowan, Jr

Mailing Address 245 Tall Timber Dr

City State Zip Code
Johnstown PA 15904

Purpose of Disbursement
IN-KIND RECEIVED Catering bill paid for

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17-CN6312
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 2 | 6 | | 2 | 0 | 0 | 8 |

Amount of Each Disbursement this Period

| |
|--------|
| 439.00 |
|--------|

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

In-Kind Received Catering
bill paid for

SUBTOTAL of Disbursements This Page (optional) ►

| |
|--------|
| 439.00 |
|--------|

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

| |
|-----------|
| 112190.36 |
|-----------|

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 |

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)
William Shuster

Transaction ID: SB21-EX5634
Date of Disbursement

Mailing Address 9 Overlook Drive

/ /

City Hollidaysburg State PA Zip Code 16648

Amount of Each Disbursement this Period

Purpose of Disbursement
Various event tickets

Category/
Type

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

Candidate Name
William Shuster

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

Various event tickets

State: PA District: 09

B.

Full Name (Last, First, Middle Initial)
Morrison Cove Republican Club

Transaction ID: SB21-EX5594
Date of Disbursement

Mailing Address Fred Foreman
305 Campbell Avenue

/ /

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

Purpose of Disbursement
10 dinner tickets

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

10 dinner tickets

State: District:

C.

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

Transaction ID: SB21-EX5725
Date of Disbursement

Mailing Address Tonya Clark
681 Brantner Road

/ /

City Breezewood State PA Zip Code 15533

Amount of Each Disbursement this Period

Purpose of Disbursement
Table Sponsor with 8 tickets - Fall

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

Table Sponsor with 8 tickets - Fall

State: District:

SUBTOTAL of Disbursements This Page (optional)

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 |

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)
Mifflin Co Republican Committee

Mailing Address 33 Shaw Avenue

City Lewistown State PA Zip Code 17044

Purpose of Disbursement
Summer Picnic tickets
Candidate Name

012
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB21-EX5569
Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

40.00

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

Summer Picnic tickets

B.

Full Name (Last, First, Middle Initial)
Cumberland Co Republican Comm

Mailing Address PO Box 1155

City Carlisle State PA Zip Code 17013

Purpose of Disbursement
Summer Roundup - 10 tax
Candidate Name

012
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB21-EX5570
Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

100.00

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

Summer Roundup - 10 tax

C.

Full Name (Last, First, Middle Initial)
Indiana Jr. Livestock Sale

Mailing Address PO Box 22

City Clymer State PA Zip Code 15728

Purpose of Disbursement
Hog auction
Candidate Name

012
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB21-EX5637
Date of Disbursement

09 / 03 / 2008

Amount of Each Disbursement this Period

1237.25

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

Hog auction

SUBTOTAL of Disbursements This Page (optional)

1377.25

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)
National MS Society

Mailing Address Keystone Branch
506 Third Avenue

City Duncansville State PA Zip Code 16635

Purpose of Disbursement
Table Sponsor for 8

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5593
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

550.00

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

Table Sponsor for 8

B.

Full Name (Last, First, Middle Initial)
Somerset Jr. Livestock Sale Committee

Mailing Address 291 Poverty Hollow Road

City Somerset State PA Zip Code 15501

Purpose of Disbursement
Livestock auction donation

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5659
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

532.00

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

Livestock auction donation

C.

Full Name (Last, First, Middle Initial)
MS-150 Keystone Country Ride

Mailing Address 1040 Fifth Avenue Second Floor

City Pittsburgh State PA Zip Code 15219

Purpose of Disbursement
Donation

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5530
Date of Disbursement

07 / 16 / 2008

Amount of Each Disbursement this Period

150.00

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

Donation

SUBTOTAL of Disbursements This Page (optional)

1232.00

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 100 / 104

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Swiss Club of Altoona</p> <p>Mailing Address 1224 Tyler Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Hole Sponsorship</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB21-EX5628</p> <p>Date of Disbursement 08 / 29 / 2008</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>Hole Sponsorship</p> |
| <p>B. Full Name (Last, First, Middle Initial) Fayette County Republican Committee</p> <p>Mailing Address 40 West South Street</p> <p>City Uniontown State PA Zip Code 15401</p> <p>Purpose of Disbursement Fall dinner tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB21-EX5652</p> <p>Date of Disbursement 09 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 105.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Fall dinner tickets</p> |
| <p>C. Full Name (Last, First, Middle Initial) Dreams Go On Trail Ride</p> <p>Mailing Address 315 Quince Court</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Trail Marker Sponsor</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB21-EX5630</p> <p>Date of Disbursement 08 / 29 / 2008</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>Trail Marker Sponsor</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

305.00

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 |

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Convention 2008</p> <p>Mailing Address c/o Marie Conley-PA Convention Di 742 South 80th Street</p> <p>City Harrisburg State PA Zip Code 17111</p> <p>Purpose of Disbursement Donation - General 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21-EX5535 Date of Disbursement 07 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 350.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Donation - General 2008</p> |
| <p>B. Full Name (Last, First, Middle Initial) Somerset County Friends Of NRA</p> <p>Mailing Address 357 Berkleys Mill Road</p> <p>City Meyersdale State PA Zip Code 15552</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21-EX5568 Date of Disbursement 08 / 13 / 2008</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>Donation</p> |
| <p>C. Full Name (Last, First, Middle Initial) Franklin County Reagan Coalition</p> <p>Mailing Address PO Box 240</p> <p>City Marion State PA Zip Code 17235</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21-EX5589 Date of Disbursement 08 / 14 / 2008</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>Donation</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1450.00

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 |

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)
Bill Hoover

Mailing Address 3121 Huntingdon Furnace Road

City Tyrone State PA Zip Code 16686

Purpose of Disbursement
Pig Auction

Candidate Name

012
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5592
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

223.38

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

Pig Auction

B.

Full Name (Last, First, Middle Initial)
Three For The Road

Mailing Address 1758 East Clemson Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Sponsorship

Candidate Name

012
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5595
Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

100.00

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

Sponsorship

C.

Full Name (Last, First, Middle Initial)
Committee To Elect Carl Walker Metzgar

Mailing Address 10122 Glades Pike

City Berlin State PA Zip Code 15530

Purpose of Disbursement
Contribution

Candidate Name
Committee To Elect Carl Walker Metzgar

011
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5648
Date of Disbursement

09 / 18 / 2008

Amount of Each Disbursement this Period

500.00

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

Contribution

SUBTOTAL of Disbursements This Page (optional)

823.38

TOTAL This Period (last page this line number only)

5883.63

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 Altoona Mirror | | | Nature of Debt (Purpose): Invoice: Plaques Administrative/Salary/O |
| Mailing Address PO Box 2008 301 Cayuga Ave | | | |
| City | State | ZIP Code | |
| Altoona | PA | 16603 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: SD10-INV5588 | |
| .00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 62.13 | .00 | 62.13 | |

| | | | |
|--|-------|----------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon | | | Nature of Debt (Purpose): Invoice: Telephone Administrative/Salary |
| Mailing Address PO Box 660748 | | | |
| City | State | ZIP Code | |
| Dallas | TX | 75266 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID: SD10-INV5587 | |
| .00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 186.54 | .00 | 186.54 | |

| | | |
|--|---|--------|
| 1) SUBTOTALS This Period This Page (optional)..... | ▶ | 248.67 |
| 2) TOTALS This Period (last page this line number only)..... | ▶ | 248.67 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | ▶ | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | 248.67 |

Form/Schedule: **F3A**

Transaction ID:

This report is being amended due to the reattribution of Elsie Hillman's contribution to her spouse Henry Hillman. The accompanying Report of Receipts and Disbursements from July 1 2008 through September 30 2008 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.