

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

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

5. Covering Period 07 01 2007 through 09 30 2007

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 12 2007

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	72647.42	265442.42
(b) Total Contribution Refunds (from Line 20(d)).....	.00	.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	72647.42	265442.42
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	38308.48	243764.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	.00	1823.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	38308.48	241941.38
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>130961.48</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>37794.23</b>	

**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

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	7

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

**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).....

16967.42

84792.42

(ii) Unitemized.....

8030.00

17350.00

(iii) TOTAL of contributions

24997.42

102142.42

from individuals..... ▶

.00

.00

(b) Political Party Committees.....

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

47650.00

163300.00

(d) The Candidate.....

.00

.00

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

72647.42

265442.42

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

1823.35

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)..... ▶

72647.42

297265.77

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	38308.48	243764.73
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	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	.00	.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	.00
21. OTHER DISBURSEMENTS.....	5401.97	14422.97
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	43710.45	258187.70

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	102024.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	72647.42
25. SUBTOTAL (add Line 23 and Line 24).....	174671.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43710.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	130961.48

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 67
	<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)  
Richard A Alcade

Mailing Address 7442 Old Maple Square

City State Zip Code  
Mc Lean VA 22102

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

Name of Employer Potomac Partners DC Occupation Lobbyist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2007

Transaction ID: SA11Ai-CN5722

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)  
Mrs. Madeleine Arison

Mailing Address 9999 Collins Ave  
Apt 15-GJ

City State Zip Code  
Bal Harbour FL 33154

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

Name of Employer None Occupation Homemaker

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  
08 / 07 / 2007

Transaction ID: SA11Ai-CN5561

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)  
Peggy J Bosma-LaMascus

Mailing Address 120 Kenwood Road

City State Zip Code  
Chambersburg PA 17201

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

Name of Employer Patriot Federal Credit Union Occupation President/CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1575.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 23 / 2007

Transaction ID: SA11Ai-CN5626

Amount of Each Receipt this Period  
75.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1575.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 67
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Harold L Brake		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7	
Mailing Address 224 Rhondel Drive PO Box 275		<b>Transaction ID:</b> SA11Ai-CN5627	
City State Zip Code Saint Thomas PA 17252	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Charles E Brake Co Inc	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Julie Chlopecki		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 1547 Evers Drive		<b>Transaction ID:</b> SA11Ai-CN5745	
City State Zip Code Mc Lean VA 22101	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Xenophon Strategies	Occupation Partner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Christopher C Cox		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 3106 Russell Rd		<b>Transaction ID:</b> SA11Ai-CN5736	
City State Zip Code Alexandria VA 22305	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Navigators	Occupation Principal		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 67
	<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)  
Richard Kenton Curtis

Mailing Address 500 Carousel Court

City Gaithersburg State MD Zip Code 20877

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

Name of Employer Professional Inspection & Testing Serv Occupation Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2007

Transaction ID: SA11Ai-CN5652

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)  
Donald Devorris

Mailing Address 304 E Ward Avenue

City Altoona State PA Zip Code 16602

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

Name of Employer Blair Electric Services Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2007

Transaction ID: SA11Ai-CN5699

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)  
John T Durbin

Mailing Address 12 Emlyn Lane

City Mechanicsburg State PA Zip Code 17055

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

Name of Employer Durbin Associates Inc. Occupation Government & Corporate Relations

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2007

Transaction ID: SA11Ai-CN5641

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) ..... ▶ **500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 67
	<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)  
Olugbenga Rotimi Erinle

Mailing Address 11328 Bishop Gate Ln

City State Zip Code  
Laurel MD 20723

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

Name of Employer Technology Solutions Occupation Vice President/GM

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2007

Transaction ID: SA11Ai-CN5645

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)  
James L Ervin

Mailing Address 116 Queen Street

City State Zip Code  
Alexandria VA 22314

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

Name of Employer ETA Inc Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2007

Transaction ID: SA11Ai-CN5564

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)  
James L Ervin

Mailing Address 116 Queen Street

City State Zip Code  
Alexandria VA 22314

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

Name of Employer ETA Inc Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

Transaction ID: SA11Ai-CN5720

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) ..... ► **1500.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 67
	<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)  
Harry N Fix

Mailing Address 2356 Majestic Court

City Chambersburg State PA Zip Code 17201

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

Name of Employer Valley Quarries Inc. Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 06 / 2007

Transaction ID: SA11Ai-CN5649

Amount of Each Receipt this Period  
 100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Maxine L Gindlesperger

Mailing Address 165 Highfield Ln N

City Chambersburg State PA Zip Code 17201

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

Name of Employer e-lynxx Corporation Occupation COO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1575.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 06 / 2007

Transaction ID: SA11Ai-CN5655

Amount of Each Receipt this Period  
 75.00

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

**C.** Full Name (Last, First, Middle Initial)  
Christopher K Gleason

Mailing Address PO Box 8

City Johnstown State PA Zip Code 15907

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

Name of Employer The Gleason Group Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3267.42

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 14 / 2007

Transaction ID: SA11Ai-CN5718

Amount of Each Receipt this Period  
 967.42

In kind contribution

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

In-Kind Received Catering for luncheon

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1142.42
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 67
	<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)  
Arthur L Guzzetti

Mailing Address 1572 King Charles Dr

City State Zip Code  
Pittsburgh PA 15237

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

Name of Employer  
American Public Transportation Assoc

Occupation  
Vice President - Policy

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

Transaction ID: SA11Ai-CN5724

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)  
Mr. Clayton J Heil

Mailing Address 213 Lee St S

City State Zip Code  
Falls Church VA 22046

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

Name of Employer  
Ice Miller Strategies LLC

Occupation  
Strategic Counsel/Founding Member

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

Transaction ID: SA11Ai-CN5723

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)  
Mr. James D Hensler

Mailing Address 2521 C South Walter Reed Dr

City State Zip Code  
Arlington VA 22206

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  
M M / D D / Y Y Y Y  
09 / 28 / 2007

Transaction ID: SA11Ai-CN5738

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) ..... ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 67
	<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)  
Mr. William Perrault Hollier

Mailing Address 12707 Westbrook Dr

City State Zip Code  
Fairfax VA 22030

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

Name of Employer: Hollier And Associates LLC  
Occupation: Government Relations

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
08 / 07 / 2007

Transaction ID: SA11Ai-CN5566

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)  
Jacob H Kaufman, Jr

Mailing Address 3469 Troon Dr

City State Zip Code  
Chambersburg PA 17201

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  
MM / DD / YYYY  
09 / 06 / 2007

Transaction ID: SA11Ai-CN5650

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
John N Kennedy

Mailing Address 2418 2nd St N

City State Zip Code  
Harrisburg PA 17110

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

Name of Employer: Kennedy Law Offices PC  
Occupation: Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2007

Transaction ID: SA11Ai-CN5572

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 67
	<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)  
L Robert Kimball

Mailing Address 619 W. Horner Street

City Ebensburg State PA Zip Code 15931

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

Name of Employer L. Robert Kimball & Assoc Inc  
Occupation Engineer/President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 07 / 2007

Transaction ID: SA11Ai-CN5565

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)  
L Robert Kimball

Mailing Address 619 W. Horner Street

City Ebensburg State PA Zip Code 15931

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

Name of Employer L. Robert Kimball & Assoc Inc  
Occupation Engineer/President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 23 / 2007

Transaction ID: SA11Ai-CN5570

Amount of Each Receipt this Period  
-200.00

Redesignated to 2008 General  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Redesignated

**C.** Full Name (Last, First, Middle Initial)  
L Robert Kimball

Mailing Address 619 W. Horner Street

City Ebensburg State PA Zip Code 15931

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

Name of Employer L. Robert Kimball & Assoc Inc  
Occupation Engineer/President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 23 / 2007

Transaction ID: SA11Ai-CN5571

Amount of Each Receipt this Period  
200.00

Redesignated from 2008 Primary  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Redesignation

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 67
	<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)  
R Jeffrey Kimball

Mailing Address 132 West Highland Avenue

City Ebensburg State PA Zip Code 15931

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

Name of Employer L Robert Kimball and Associates  
Occupation President/CFO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

Transaction ID: SA11Ai-CN5740

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)  
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 Engineers  
Occupation President/Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2007

Transaction ID: SA11Ai-CN5608

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)  
Ronald M. Little

Mailing Address 175 McKnight Rd

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  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2007

Transaction ID: SA11Ai-CN5553

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) ..... ▶ **700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)  
Alan R Loessy

Mailing Address 371 Roland Avenue

City State Zip Code  
Chambersburg PA 17201

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

Name of Employer Occupation  
Letterkenny Army Depot Public Affairs Officer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2007

Transaction ID: SA11Ai-CN5628

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)  
J Scott Massie

Mailing Address 213 South 24th Street

City State Zip Code  
Camp Hill PA 17011

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

Name of Employer Occupation  
Wienken & Associates Financial Services/Investments

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2007

Transaction ID: SA11Ai-CN5715

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)  
John P McAllister

Mailing Address 3039 Albemarle St NW

City State Zip Code  
Washington DC 20008

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

Name of Employer Occupation  
McAllister & Quinn LLC Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

Transaction ID: SA11Ai-CN5725

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 67
	<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)  
Paul E McNamee

Mailing Address 525 Gatehouse Lane West

City York State PA Zip Code 17402

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

Name of Employer Buchert & Horn Occupation Consulting Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 23 / 2007

Transaction ID: SA11Ai-CN5573

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)  
Rosemarie R McNew

Mailing Address 995 Black Gap Road

City Fayetteville State PA Zip Code 17222

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

Name of Employer Professional Inspection & Test Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2007

Transaction ID: SA11Ai-CN5656

Amount of Each Receipt this Period  
150.00

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

**C.** Full Name (Last, First, Middle Initial)  
Steven M Parrett, DDS

Mailing Address 543 Lincoln Way E

City Chambersburg State PA Zip Code 17201

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2007

Transaction ID: SA11Ai-CN5664

Amount of Each Receipt this Period  
50.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 67
	<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 W Perry

Mailing Address 3030 Beverly Rd

City State Zip Code  
Camp Hill PA 17011

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

Name of Employer Occupation  
Nealon Gover & Perry Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2007

Transaction ID: SA11Ai-CN5716

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)  
Jeffrey N Reeder

Mailing Address 10970 McFarland Rd

City State Zip Code  
Mercersburg PA 17236

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

Name of Employer Occupation  
Universal Projects Inc Businessman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1550.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2007

Transaction ID: SA11Ai-CN5653

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)  
W Greg Rothman

Mailing Address One Gunpowder Road

City State Zip Code  
Mechanicsburg PA 17050

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

Name of Employer Occupation  
RSR Realty Realtor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2007

Transaction ID: SA11Ai-CN5574

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 17 / 67</span> (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)  
 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 Occupation  
 Dickstein Shapiro Morin & Oshinsky Vice President

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

500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 28 / 2007

**Transaction ID:** SA11Ai-CN5743

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)  
 Galen G Weaber

Mailing Address 1231 Mt. Wilson Rd

City State Zip Code  
 Lebanon PA 17042

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

Name of Employer Occupation  
 Self-Weaber Inc. Hardwood manufacturer

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

4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 17 / 2007

**Transaction ID:** SA11Ai-CN5556

Amount of Each Receipt this Period  
 4000.00

1700 to spouse

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

**C.** Full Name (Last, First, Middle Initial)  
 Galen G Weaber

Mailing Address 1231 Mt. Wilson Rd

City State Zip Code  
 Lebanon PA 17042

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

Name of Employer Occupation  
 Self-Weaber Inc. Hardwood manufacturer

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  
 07 / 17 / 2007

**Transaction ID:** SA11Ai-CN5558

Amount of Each Receipt this Period  
 -1700.00

Reattributed to Patricia Weaber  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Reattributed

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 67
	<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)  
Patricia A Weaber

Mailing Address 1231 Mt. Wilson Rd

City State Zip Code  
Lebanon PA 17042

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

Name of Employer None Occupation Homemaker

Receipt For: 2008  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1700.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2007

Transaction ID: SA11Ai-CN5559

Amount of Each Receipt this Period  
1700.00

Reattributed from Galen Weaber  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Reattribution

**B.** Full Name (Last, First, Middle Initial)  
J Joseph Zimmerman

Mailing Address 2257 Castlegreen Dr

City State Zip Code  
Greencastle PA 17225

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

Name of Employer Valley Quarries Inc Occupation Executive Vice President

Receipt For: 2008  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1050.00

Date of Receipt  
MM / DD / YYYY  
09 / 06 / 2007

Transaction ID: SA11Ai-CN5651

Amount of Each Receipt this Period  
50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	16967.42

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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.** Citizens For Cober

Full Name (Last, First, Middle Initial)  
Mailing Address 242 Barron Road

City Somerset State PA Zip Code 15501

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 06 / 2007

**Transaction ID:** SA11C-CN5704

Amount of Each Receipt this Period  
 100.00

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

**B.** Dealers Election Action

Full Name (Last, First, Middle Initial)  
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 None Occupation None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 28 / 2007

**Transaction ID:** SA11C-CN5728

Amount of Each Receipt this Period  
 2000.00

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

**C.** Geist For Assembly

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 27th 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 ▼

50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 23 / 2007

**Transaction ID:** SA11C-CN5616

Amount of Each Receipt this Period  
 50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 67
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)  
General Dynamics Voluntary

Mailing Address 2941 Fairview Park Drive  
Suite 100

City Falls Church State VA Zip Code 22042

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

Name of Employer None Occupation None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** SA11C-CN5575

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)  
Stern For Assembly

Mailing Address 412 Union Street

City Hollidaysburg State PA Zip Code 16648

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

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

**Transaction ID:** SA11C-CN5611

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)  
Committee To Elect Jimmy Marker

Mailing Address 110 JC Lane

City Rockwood State PA Zip Code 15557

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 0 6 / 2 0 0 7

**Transaction ID:** SA11C-CN5703

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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. ACRE**

Full Name (Last, First, Middle Initial)  
Mailing Address 4301 Wilson Boulevard

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation  
None None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2007

**Transaction ID:** SA11C-CN5726

Amount of Each Receipt this Period  
1000.00

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

**B. Air Line Pilots Association**

Full Name (Last, First, Middle Initial)  
Mailing Address 1625 Massachusetts Avenue NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation  
None None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 02 / 2007

**Transaction ID:** SA11C-CN5554

Amount of Each Receipt this Period  
2500.00

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

**C. Aircraft Owners Pilots Association**

Full Name (Last, First, Middle Initial)  
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  
None None

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  
08 / 23 / 2007

**Transaction ID:** SA11C-CN5577

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. American Hospital Association</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2007	
Mailing Address 325 Seventh Street NW		<b>Transaction ID: SA11C-CN5569</b>	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00106146		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer none Occupation none	Election Cycle-to-Date ▼ 2008.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. American Hospital Association</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 325 Seventh Street NW		<b>Transaction ID: SA11C-CN5731</b>	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00106146		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer none Occupation none	Election Cycle-to-Date ▼ 3000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. American Maritime Officers Voluntary</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 2 West Dixie Highway		<b>Transaction ID: SA11C-CN5729</b>	
City State Zip Code Dania FL 33004	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00027532		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None Occupation None	Election Cycle-to-Date ▼ 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 67
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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.** American Sugarbeet Growers Assoc

Full Name (Last, First, Middle Initial)  
Mailing Address 1156 15th St NW  
Suite 1101

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00167684

Name of Employer None Occupation None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

**Transaction ID:** SA11C-CN5727

Amount of Each Receipt this Period  
500.00

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

**B.** Associated General Contractors

Full Name (Last, First, Middle Initial)  
Mailing Address 53 D St SE

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer None Occupation None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2007

**Transaction ID:** SA11C-CN5643

Amount of Each Receipt this Period  
1000.00

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

**C.** AT&T Inc

Full Name (Last, First, Middle Initial)  
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 None Occupation None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2007

**Transaction ID:** SA11C-CN5560

Amount of Each Receipt this Period  
2000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> AT&T Inc		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2007	
Mailing Address 175 Houston-Room 7-A-50 E		Transaction ID: SA11C-CN5714	
City State Zip Code San Antonio TX 78205	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00109017		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None None	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		4500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Automotive Free International Trade		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2007	
Mailing Address 1625 Prince Street Suite 225		Transaction ID: SA11C-CN5712	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00250399		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation none none	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		5000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> BAE Systems USA		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 1300 17th St N Suite 1400		Transaction ID: SA11C-CN5733	
City State Zip Code Arlington VA 22209	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00281212		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None None	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		1000.00	

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)  
Comcast Corporation

Mailing Address 1500 Market Street  
33rd Floor East Tower

City Philadelphia State PA Zip Code 19102

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer none Occupation none

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 28 / 2007

Transaction ID: SA11C-CN5732

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)  
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 None Occupation None

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  
 08 / 07 / 2007

Transaction ID: SA11C-CN5562

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)  
Fluor Corporation

Mailing Address 403 East Capitol Street SE

City Washington State DC Zip Code 20003

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

Name of Employer None Occupation None

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  
 08 / 23 / 2007

Transaction ID: SA11C-CN5576

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 67
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. Great Lakes Sugarbeet Growers</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2007	
Mailing Address 2600 Euclid Ave S		Transaction ID: SA11C-CN5713	
City State Zip Code Bay City MI 48707	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C00168542		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None None	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Jack</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address PO Box 14		Transaction ID: SA11C-CN5748	
City State Zip Code Buffalo NY 14205	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C C00271171		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None None	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Manitowoc Company Inc</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address PO Box 1101 1600 Ely Street		Transaction ID: SA11C-CN5721	
City State Zip Code Marinette WI 54143	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00287847		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None None	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 67
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)  
MeadWestvaco

Mailing Address 11013 Broad St W

City State Zip Code  
Glen Allen VA 23060

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

Name of Employer none Occupation none

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 07 / 2007

**Transaction ID:** SA11C-CN5568

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)  
National Community Pharmacists Assoc

Mailing Address 100 Daingerfield Rd

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer None Occupation None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

**Transaction ID:** SA11C-CN5730

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 State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer None Occupation None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2007

**Transaction ID:** SA11C-CN5755

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. Owner Operator Independent Drivers</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2007	
Mailing Address 1101 30th Street NW		Transaction ID: SA11C-CN5567	
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00236778		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None None	Election Cycle-to-Date 2008.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Owner Operator Independent Drivers</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 28 / 2007	
Mailing Address 1101 30th Street NW		Transaction ID: SA11C-CN5749	
City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C00236778		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None None	Election Cycle-to-Date 2500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Railway Supply Institute</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2007	
Mailing Address 50 F St NW Suite 7030		Transaction ID: SA11C-CN5642	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C00261933		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None None	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 67
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)  
Realtors

Mailing Address 430 North Michigan Avenue

City State Zip Code  
Chicago IL 60611

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

Name of Employer Occupation  
None None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2007

**Transaction ID:** SA11C-CN5555

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)  
Realtors

Mailing Address 430 North Michigan Avenue

City State Zip Code  
Chicago IL 60611

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

Name of Employer Occupation  
None None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2007

**Transaction ID:** SA11C-CN5719

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)  
RJ Reynolds

Mailing Address PO Box 718  
401 N. Main Street

City State Zip Code  
Winston Salem NC 27102

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation  
None None

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

**Transaction ID:** SA11C-CN5734

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. Turkish Coalition USA</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2007	
Mailing Address 1025 Connecticut Ave Suite 1000		<b>Transaction ID: SA11C-CN5742</b>	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00432526		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None None			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. United Transportation Union</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2007	
Mailing Address 14600 Detroit Avenue		<b>Transaction ID: SA11C-CN5756</b>	
City State Zip Code Lakewood OH 44107		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00001636		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None None			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 7500.00	

Full Name (Last, First, Middle Initial) <b>C. United Transportation Union</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2007	
Mailing Address 14600 Detroit Avenue		<b>Transaction ID: SA11C-CN5757</b>	
City State Zip Code Lakewood OH 44107		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00001636		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None None			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 10000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 67
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)  
Wine Spirits Wholesalers Of America

Mailing Address 805 Fifteenth Street NW Suite 430

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation  
None None

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	/	0	6	/	2	0	0	7

Transaction ID: SA11C-CN5644

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	47650.00

# 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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input checked="" 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

Full Name (Last, First, Middle Initial) <b>A. S&amp;T Bank</b>		<b>Transaction ID:</b> SB19B-LP69 <b>Date of Disbursement</b> 07 / 16 / 2007
Mailing Address Commercial Lending 208 West Plank Road		Amount of Each Disbursement this Period _____ .00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16602	Purpose of Disbursement Repay Loan Candidate Name _____ Category/Type _____	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Interest only payment

Full Name (Last, First, Middle Initial) <b>B. S&amp;T Bank</b>		<b>Transaction ID:</b> SB19B-LP70 <b>Date of Disbursement</b> 07 / 27 / 2007
Mailing Address Commercial Lending 208 West Plank Road		Amount of Each Disbursement this Period _____ .00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16602	Purpose of Disbursement Repay Loan Candidate Name _____ Category/Type _____	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Interest only payment

Full Name (Last, First, Middle Initial) <b>C. S&amp;T Bank</b>		<b>Transaction ID:</b> SB19B-LP71 <b>Date of Disbursement</b> 08 / 24 / 2007
Mailing Address Commercial Lending 208 West Plank Road		Amount of Each Disbursement this Period _____ .00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16602	Purpose of Disbursement Repay Loan Candidate Name _____ Category/Type _____	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Interest only payment

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>0.00</b>



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 67

<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

Full Name (Last, First, Middle Initial) <b>A. S&amp;T Bank</b>		<b>Transaction ID:</b> SB17-LP69 Date of Disbursement 07 / 16 / 2007
Mailing Address Commercial Lending 208 West Plank Road		Amount of Each Disbursement this Period 213.13
City Altoona	State PA	
Purpose of Disbursement Loan interest Expenditure	Zip Code 16602	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. S&amp;T Bank</b>		<b>Transaction ID:</b> SB17-LP70 Date of Disbursement 07 / 27 / 2007
Mailing Address Commercial Lending 208 West Plank Road		Amount of Each Disbursement this Period 226.25
City Altoona	State PA	
Purpose of Disbursement Loan interest Expenditure	Zip Code 16602	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. S&amp;T Bank</b>		<b>Transaction ID:</b> SB17-LP71 Date of Disbursement 08 / 24 / 2007
Mailing Address Commercial Lending 208 West Plank Road		Amount of Each Disbursement this Period 213.12
City Altoona	State PA	
Purpose of Disbursement Loan interest Expenditure	Zip Code 16602	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>652.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 67

<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

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		<b>Transaction ID:</b> SB17-EX4935 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 525 Allegheny Street		Amount of Each Disbursement this Period 41.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		<b>Transaction ID:</b> SB17-EX5018 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 525 Allegheny Street		Amount of Each Disbursement this Period 410.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>C. US Postal Service</b>		<b>Transaction ID:</b> SB17-EX5019 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 525 Allegheny Street		Amount of Each Disbursement this Period 164.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	615.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 67

<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

Full Name (Last, First, Middle Initial) <b>A. William Shuster</b>		<b>Transaction ID:</b> SB17-EX4988 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 9 Overlook Drive		Amount of Each Disbursement this Period 13.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Travel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Travel Expenses

Full Name (Last, First, Middle Initial) <b>B. Ciocca Benton &amp; Company P.C.</b>		<b>Transaction ID:</b> SB17-EX4925 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 912 Pleasant Valley Blvd		Amount of Each Disbursement this Period 26.39
City Altoona State PA Zip Code 16602	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Ove- rhead Expenses

Full Name (Last, First, Middle Initial) <b>C. Ciocca Benton &amp; Company P.C.</b>		<b>Transaction ID:</b> SB17-EX4956 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address 912 Pleasant Valley Blvd		Amount of Each Disbursement this Period 18.16
City Altoona State PA Zip Code 16602	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Ove- rhead Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	57.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. Ciocca Benton &amp; Company P.C.</b>		<b>Transaction ID:</b> SB17-EX4966 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address 912 Pleasant Valley Blvd		Amount of Each Disbursement this Period 6202.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16602	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		<b>Transaction ID:</b> SB17-EX4922 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address PO Box 660748		Amount of Each Disbursement this Period 160.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75266	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		<b>Transaction ID:</b> SB17-EX4953 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address PO Box 660748		Amount of Each Disbursement this Period 157.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75266	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6520.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		<b>Transaction ID:</b> SB17-EX4997 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address PO Box 660748		Amount of Each Disbursement this Period 168.43
City Dallas State TX Zip Code 75266	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name		Administrative/Salary/Overhead Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. Sheetz Inc</b>		<b>Transaction ID:</b> SB17-EX4932 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 24.01
City Altoona State PA Zip Code 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name		Administrative/Salary/Overhead Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. Sheetz Inc</b>		<b>Transaction ID:</b> SB17-EX5038 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 36.00
City Altoona State PA Zip Code 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name		Administrative/Salary/Overhead Expenses
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	228.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. Sheetz Inc</b>		Transaction ID: SB17-EX5039 Date of Disbursement 09 / 30 / 2007
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 27.00
City Altoona State PA Zip Code 16602	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>B. Sheetz Inc</b>		Transaction ID: SB17-EX5040 Date of Disbursement 09 / 30 / 2007
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 38.00
City Altoona State PA Zip Code 16602	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>C. Sheetz Inc</b>		Transaction ID: SB17-EX5041 Date of Disbursement 09 / 30 / 2007
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 20.05
City Altoona State PA Zip Code 16602	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	85.05
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 67

<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

Full Name (Last, First, Middle Initial) <b>A. Sheetz Inc</b>		<b>Transaction ID:</b> SB17-EX5042 Date of Disbursement 09 / 30 / 2007
Mailing Address 5700 Sixth Avenue		Amount of Each Disbursement this Period 42.46
City Altoona State PA Zip Code 16602	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>B. PA UC Fund</b>		<b>Transaction ID:</b> SB17-EX4940 Date of Disbursement 07 / 19 / 2007
Mailing Address PO Box 68568		Amount of Each Disbursement this Period 32.04
City Harrisburg State PA Zip Code 17106	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>C. The Dream Restaurant</b>		<b>Transaction ID:</b> SB17-EX4936 Date of Disbursement 07 / 16 / 2007
Mailing Address 1500 Allegheny Street		Amount of Each Disbursement this Period 26.22
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Travel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Travel Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	100.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. The Dream Restaurant</b>		<b>Transaction ID:</b> SB17-EX5050 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address 1500 Allegheny Street		Amount of Each Disbursement this Period 74.70
City Hollidaysburg State PA Zip Code 16648	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Category/Type 002	Travel Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		<b>Transaction ID:</b> SB17-EX4928 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 328.11
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Category/Type 002	Travel Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Capitol Hill Club</b>		<b>Transaction ID:</b> SB17-EX4965 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 143.11
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Category/Type 002	Travel Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	545.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 67

<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

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		<b>Transaction ID:</b> SB17-EX4998 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 407.93
City Washington State DC Zip Code 20003	Purpose of Disbursement Travel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Travel Expenses

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		<b>Transaction ID:</b> SB17-EX5002 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 516.50
City Washington State DC Zip Code 20003	Purpose of Disbursement Travel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Travel Expenses

Full Name (Last, First, Middle Initial) <b>C. Capitol Hill Club</b>		<b>Transaction ID:</b> SB17-EX5023 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 179.15
City Washington State DC Zip Code 20003	Purpose of Disbursement Travel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Travel Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1103.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 67

<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

Full Name (Last, First, Middle Initial) <b>A. Hilton Harrisburg and Towers</b>		<b>Transaction ID:</b> SB17-EX5047 Date of Disbursement 09 / 30 / 2007
Mailing Address One North Second Street		Amount of Each Disbursement this Period 100.49
City Harrisburg State PA Zip Code 17101	Purpose of Disbursement Solicitation and Fundraising Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Solicitation and Fundraising Expenses

Full Name (Last, First, Middle Initial) <b>B. Hilton Harrisburg and Towers</b>		<b>Transaction ID:</b> SB17-EX5048 Date of Disbursement 09 / 30 / 2007
Mailing Address One North Second Street		Amount of Each Disbursement this Period 1133.65
City Harrisburg State PA Zip Code 17101	Purpose of Disbursement Solicitation and Fundraising Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Solicitation and Fundraising Expenses

Full Name (Last, First, Middle Initial) <b>C. Hilton Harrisburg and Towers</b>		<b>Transaction ID:</b> SB17-EX5057 Date of Disbursement 09 / 30 / 2007
Mailing Address One North Second Street		Amount of Each Disbursement this Period 193.32
City Harrisburg State PA Zip Code 17101	Purpose of Disbursement Lodging Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Lodging

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1427.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 67

<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

Full Name (Last, First, Middle Initial) <b>A. The Capital Grille</b>		<b>Transaction ID:</b> SB17-EX4937 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 601 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 441.25
City Washington State DC Zip Code 20004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Category/Type 002	Travel Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Capital Grille</b>		<b>Transaction ID:</b> SB17-EX5014 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 601 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 275.00
City Washington State DC Zip Code 20004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Category/Type 002	Travel Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. The Ben Franklin Society</b>		<b>Transaction ID:</b> SB17-EX4963 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address of Franklin County 293 South Gate Mall		Amount of Each Disbursement this Period 300.00
City Chambersburg State PA Zip Code 17201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead Expenses	Category/Type 001	Administrative/Salary/Ove- rhead Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1016.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. IS2 Technologies Inc.</b>		<b>Transaction ID:</b> SB17-EX4923 Date of Disbursement 07 / 16 / 2007
Mailing Address 3018 Pleasant Valley Blvd		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
City Altoona State PA Zip Code 16602	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>B. John Kurtz</b>		<b>Transaction ID:</b> SB17-EX4986 Date of Disbursement 08 / 31 / 2007
Mailing Address 303 Laurel Street		Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bellwood State PA Zip Code 16617	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>C. Bull Feathers</b>		<b>Transaction ID:</b> SB17-EX4933 Date of Disbursement 07 / 16 / 2007
Mailing Address 410 First Street SE		Amount of Each Disbursement this Period 78.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Travel Expenses Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Travel Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	203.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 45 / 67

<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

Full Name (Last, First, Middle Initial) <b>A. O.K. Stuckey And Son</b>		<b>Transaction ID:</b> SB17-EX4991 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 1800 Eighth Avenue		Amount of Each Disbursement this Period 484.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16602	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> SB17-EX4944 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 7
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 849.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lehigh Valley State PA Zip Code 18002	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> SB17-EX4976 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 573.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lehigh Valley State PA Zip Code 18002	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1907.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 67

<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

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> SB17-EX5024 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 501.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lehigh Valley State PA Zip Code 18002	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>B. ATLANTIC broadband</b>		<b>Transaction ID:</b> SB17-EX4921 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address Box 371801		Amount of Each Disbursement this Period 104.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15250	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>C. ATLANTIC broadband</b>		<b>Transaction ID:</b> SB17-EX4942 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address Box 371801		Amount of Each Disbursement this Period 54.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15250	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Overhead Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	660.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. ATLANTIC broadband</b>		<b>Transaction ID:</b> SB17-EX4973 Date of Disbursement 08 / 05 / 2007
Mailing Address    Box 371801		Amount of Each Disbursement this Period 54.02
City Pittsburgh	State    Zip Code PA        15250	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                District:		

Full Name (Last, First, Middle Initial) <b>B. ATLANTIC broadband</b>		<b>Transaction ID:</b> SB17-EX4954 Date of Disbursement 08 / 09 / 2007
Mailing Address    Box 371801		Amount of Each Disbursement this Period 104.26
City Pittsburgh	State    Zip Code PA        15250	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                District:		

Full Name (Last, First, Middle Initial) <b>C. ATLANTIC broadband</b>		<b>Transaction ID:</b> SB17-EX4996 Date of Disbursement 09 / 07 / 2007
Mailing Address    Box 371801		Amount of Each Disbursement this Period 56.72
City Pittsburgh	State    Zip Code PA        15250	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:                District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>215.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 67

<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

Full Name (Last, First, Middle Initial) <b>A. ATLANTIC broadband</b>		<b>Transaction ID:</b> SB17-EX4995 Date of Disbursement 09 / 14 / 2007
Mailing Address    Box 371801		Amount of Each Disbursement this Period 109.48
City Pittsburgh	State    Zip Code PA        15250	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Ove- rhead Expenses
State:                District:		

Full Name (Last, First, Middle Initial) <b>B. CenPenn Realty LLC</b>		<b>Transaction ID:</b> SB17-EX4947 Date of Disbursement 07 / 27 / 2007
Mailing Address    513 Allegheny Street		Amount of Each Disbursement this Period 500.00
City Hollidaysburg	State    Zip Code PA        16648	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Ove- rhead Expenses
State:                District:		

Full Name (Last, First, Middle Initial) <b>C. CenPenn Realty LLC</b>		<b>Transaction ID:</b> SB17-EX4981 Date of Disbursement 08 / 24 / 2007
Mailing Address    513 Allegheny Street		Amount of Each Disbursement this Period 500.00
City Hollidaysburg	State    Zip Code PA        16648	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Ove- rhead Expenses
State:                District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1109.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 67

<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

Full Name (Last, First, Middle Initial) <b>A. The Blairmont Club</b>		<b>Transaction ID:</b> SB17-EX5043 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address 145 Larch Street		Amount of Each Disbursement this Period 72.59
City Hollidaysburg State PA Zip Code 16648	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	Category/Type 002	Travel Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jim Frank</b>		<b>Transaction ID:</b> SB17-EX4961 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address 1628 St. Francis Lane		Amount of Each Disbursement this Period 452.32
City Altoona State PA Zip Code 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead Expenses	Category/Type 001	Administrative/Salary/Ove- rhead Expenses
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. S&amp;T Bank</b>		<b>Transaction ID:</b> SB17-EX4912 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 1100 Logan Blvd		Amount of Each Disbursement this Period 25.00
City Altoona State PA Zip Code 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Service Charge	Category/Type 001	Bank Service Charge
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	549.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. S&amp;T Bank</b>		<b>Transaction ID:</b> SB17-EX4967 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address 1100 Logan Blvd		Amount of Each Disbursement this Period 25.00
City Altoona State PA Zip Code 16602	Purpose of Disbursement Bank Service Charge Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Bank Service Charge

Full Name (Last, First, Middle Initial) <b>B. S&amp;T Bank</b>		<b>Transaction ID:</b> SB17-EX4987 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 7
Mailing Address 1100 Logan Blvd		Amount of Each Disbursement this Period 25.00
City Altoona State PA Zip Code 16602	Purpose of Disbursement Bank Service Charge Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Bank Service Charge

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		<b>Transaction ID:</b> SB17-EX4918 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 256.56
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Ove- rhead Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	306.56
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Nemacolin Woodlands Resort &amp; Spa</b>		<b>Transaction ID:</b> SB17-EX4939 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 1001 LaFayette Drive		Amount of Each Disbursement this Period 338.14
City Farmington State PA Zip Code 15437	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Travel Expenses

Full Name (Last, First, Middle Initial) <b>B. Nemacolin Woodlands Resort &amp; Spa</b>		<b>Transaction ID:</b> SB17-EX5003 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 1001 LaFayette Drive		Amount of Each Disbursement this Period 89.75
City Farmington State PA Zip Code 15437	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead Expenses	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Administrative/Salary/Ove- rhead Expenses

Full Name (Last, First, Middle Initial) <b>C. Nemacolin Woodlands Resort &amp; Spa</b>		<b>Transaction ID:</b> SB17-EX5020 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 1001 LaFayette Drive		Amount of Each Disbursement this Period 3649.25
City Farmington State PA Zip Code 15437	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Solicitation and Fundraising Expenses	Candidate Name	003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Solicitation and Fundrais- ing Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4077.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. Nemacolin Woodlands Resort &amp; Spa</b>		<b>Transaction ID:</b> SB17-EX5059	
Mailing Address 1001 LaFayette Drive		Date of Disbursement 09 / 30 / 2007	
City Farmington	State PA	Zip Code 15437	Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	003 Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Fundraising
State: District:			

Full Name (Last, First, Middle Initial) <b>B. e2c consulting Inc.</b>		<b>Transaction ID:</b> SB17-EX4946	
Mailing Address PO Box 29576		Date of Disbursement 07 / 27 / 2007	
City Washington	State DC	Zip Code 20017	Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement Solicitation and Fundraising Expenses	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	003 Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Solicitation and Fundraising Expenses
State: District:			

Full Name (Last, First, Middle Initial) <b>C. e2c consulting Inc.</b>		<b>Transaction ID:</b> SB17-EX4982	
Mailing Address PO Box 29576		Date of Disbursement 08 / 24 / 2007	
City Washington	State DC	Zip Code 20017	Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement Solicitation and Fundraising Expenses	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	003 Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Solicitation and Fundraising Expenses
State: District:			

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 67

<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

Full Name (Last, First, Middle Initial) <b>A. Nicole Fedeli-Turiano</b>		<b>Transaction ID:</b> SB17-EX4948 Date of Disbursement 07 / 31 / 2007
Mailing Address 4 Devon Drive		Amount of Each Disbursement this Period 150.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>B. Nicole Fedeli-Turiano</b>		<b>Transaction ID:</b> SB17-EX4964 Date of Disbursement 08 / 09 / 2007
Mailing Address 4 Devon Drive		Amount of Each Disbursement this Period 4.60
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

Full Name (Last, First, Middle Initial) <b>C. Nicole Fedeli-Turiano</b>		<b>Transaction ID:</b> SB17-EX4984 Date of Disbursement 08 / 31 / 2007
Mailing Address 4 Devon Drive		Amount of Each Disbursement this Period 150.00
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Overhead Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	304.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 67

<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><b>A. Nicole Fedeli-Turiano</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4 Devon Drive</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Administrative/Salary/Overhead Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: SB17-EX5022</b></p> <p>Date of Disbursement</p> <p>09 / 30 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Administrative/Salary/Overhead Expenses</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>

<p><b>B. AT&amp;T Mobility</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 6463</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Administrative/Salary/Overhead Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: SB17-EX4943</b></p> <p>Date of Disbursement</p> <p>07 / 27 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>218.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Administrative/Salary/Overhead Expenses</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>

<p><b>C. AT&amp;T Mobility</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 6463</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Administrative/Salary/Overhead Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: SB17-EX4975</b></p> <p>Date of Disbursement</p> <p>08 / 24 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>133.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Administrative/Salary/Overhead Expenses</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>502.35</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER: (check only one)

<input 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

Full Name (Last, First, Middle Initial) <b>A. Bedford Springs Resort</b>		<b>Transaction ID:</b> SB17-EX5005 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 2138 Business Route 220		Amount of Each Disbursement this Period 354.00
City Bedford State PA Zip Code 15522	Purpose of Disbursement Travel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Travel Expenses

Full Name (Last, First, Middle Initial) <b>B. Bedford Springs Resort</b>		<b>Transaction ID:</b> SB17-EX5006 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 2138 Business Route 220		Amount of Each Disbursement this Period 57.61
City Bedford State PA Zip Code 15522	Purpose of Disbursement Travel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Travel Expenses

Full Name (Last, First, Middle Initial) <b>C. Bedford Springs Resort</b>		<b>Transaction ID:</b> SB17-EX5007 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 2138 Business Route 220		Amount of Each Disbursement this Period 68.00
City Bedford State PA Zip Code 15522	Purpose of Disbursement Travel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Travel Expenses

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	479.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

<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

Full Name (Last, First, Middle Initial) <b>A. Givanni's</b>		<b>Transaction ID:</b> SB17-EX5010 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 109 E. College Street		Amount of Each Disbursement this Period 290.00
City Iowa City State IA Zip Code 52240	Purpose of Disbursement Travel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Travel Expenses

Full Name (Last, First, Middle Initial) <b>B. Fiore Chrysler Jeep</b>		<b>Transaction ID:</b> SB17-EX5045 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address Rte 36 Logan Blvd		Amount of Each Disbursement this Period 286.87
City Altoona State PA Zip Code 16602	Purpose of Disbursement Administrative/Salary/Overhead Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Administrative/Salary/Ove- rhead Expenses

Full Name (Last, First, Middle Initial) <b>C. Hook</b>		<b>Transaction ID:</b> SB17-EX5058 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address 3241 M Street NW		Amount of Each Disbursement this Period 206.60
City Washington State DC Zip Code 20007	Purpose of Disbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Meals

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>783.47</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 67

<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)  
Christopher K Gleason

Mailing Address PO Box 8

City Johnstown State PA Zip Code 15907

Purpose of Disbursement  
IN-KIND RECEIVED

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-CN5718

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	7

Amount of Each Disbursement this Period

967.42
--------

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

In-Kind Received Catering  
for luncheon

SUBTOTAL of Disbursements This Page (optional) ..... ►

967.42

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

36418.71

**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

Full Name (Last, First, Middle Initial) <b>A. William Shuster</b>		Transaction ID: SB21-EX4972 Date of Disbursement 08 / 24 / 2007
Mailing Address 9 Overlook Drive		Amount of Each Disbursement this Period 39.47
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Donations Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Donations

Full Name (Last, First, Middle Initial) <b>B. Juniata Co Republican Comm.</b>		Transaction ID: SB21-EX4968 Date of Disbursement 08 / 24 / 2007
Mailing Address 4 Industrial Park Road		Amount of Each Disbursement this Period 500.00
City Mifflintown State PA Zip Code 17059	Purpose of Disbursement Donations Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Donations

Full Name (Last, First, Middle Initial) <b>C. Bedford Co. Republican Comm</b>		Transaction ID: SB21-EX4993 Date of Disbursement 09 / 14 / 2007
Mailing Address C/O Christy Topper 242 E Simpson Street		Amount of Each Disbursement this Period 32.50
City Bedford State PA Zip Code 15522	Purpose of Disbursement Donations Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Donations

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	571.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

<b>A. Mifflin Co Republican Committee</b> Full Name (Last, First, Middle Initial) Mifflin Co Republican Committee Mailing Address 448 West Fourth Street City Lewistown State PA Zip Code 17044 Purpose of Disbursement: Donations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21-EX4945</b> Date of Disbursement 07 / 27 / 2007 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 Donations
---	--	--

<b>B. Stern For Assembly</b> Full Name (Last, First, Middle Initial) Stern For Assembly Mailing Address PO Box 312 City Hollidaysburg State PA Zip Code 16648 Purpose of Disbursement: Political Contributions Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21-EX4969</b> Date of Disbursement 08 / 24 / 2007 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Political Contributions
---	--	---

<b>C. National MS Society</b> 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: Donations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB21-EX4994</b> Date of Disbursement 09 / 14 / 2007 Amount of Each Disbursement this Period 240.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Donations
---	--	---

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	590.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 67

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

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

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. Brent Gates</b>		Transaction ID: SB21-EX4962 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address 310 Penn Street Suite 200		Amount of Each Disbursement this Period 50.00
City Hollidaysburg State PA Zip Code 16648	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donations Candidate Name		012 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

Full Name (Last, First, Middle Initial) <b>B. Swiss Club of Altoona</b>		Transaction ID: SB21-EX4992 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 1224 Tyler Avenue		Amount of Each Disbursement this Period 100.00
City Altoona State PA Zip Code 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donations Candidate Name		012 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

Full Name (Last, First, Middle Initial) <b>C. Ronald S. Nocco</b>		Transaction ID: SB21-EX4957 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address 1416 Philadelphia Street		Amount of Each Disbursement this Period 55.00
City Indiana State PA Zip Code 15701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donations Candidate Name		012 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	205.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. Graves For Congress</b>		<b>Transaction ID:</b> SB21-EX4952 <b>Date of Disbursement</b> 07 / 31 / 2007
Mailing Address 2345 Grand Blvd Suite 250		Amount of Each Disbursement this Period 2000.00
City Kansas City State MO Zip Code 64108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political Contributions Candidate Name Samuel Graves		Political Contributions
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 6		

Full Name (Last, First, Middle Initial) <b>B. Meling 4 Commissioner</b>		<b>Transaction ID:</b> SB21-EX4970 <b>Date of Disbursement</b> 08 / 24 / 2007
Mailing Address PO Box 96		Amount of Each Disbursement this Period 250.00
City Hollidaysburg State PA Zip Code 16648	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political Contributions Candidate Name		Political Contributions
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Tomassetti For Commissioner</b>		<b>Transaction ID:</b> SB21-EX4971 <b>Date of Disbursement</b> 08 / 24 / 2007
Mailing Address 2006 Sixth Avenue		Amount of Each Disbursement this Period 250.00
City Altoona State PA Zip Code 16602	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political Contributions Candidate Name		Political Contributions
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. Jobel Court #11 L.O.S.N.A.</b>		<b>Transaction ID: SB21-EX4978</b> Date of Disbursement 08 / 24 / 2007
Mailing Address PO Box 688		Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Donations Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

Full Name (Last, First, Middle Initial) <b>B. Women's Club Of Altoona</b>		<b>Transaction ID: SB21-EX4979</b> Date of Disbursement 08 / 24 / 2007
Mailing Address 527 East Walton Avenue		Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Altoona State PA Zip Code 16602	Purpose of Disbursement Donations Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

Full Name (Last, First, Middle Initial) <b>C. Indiana County Humane Society</b>		<b>Transaction ID: SB21-EX4980</b> Date of Disbursement 08 / 24 / 2007
Mailing Address 65 Haven Drive		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indiana State PA Zip Code 15701	Purpose of Disbursement Donations Candidate Name Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 67

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

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

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) <b>A. Team Franklin County</b>		<b>Transaction ID:</b> SB21-EX4990 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 169 Theodore Drive		Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chambersburg State PA Zip Code 17201	Purpose of Disbursement Donations Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

Full Name (Last, First, Middle Initial) <b>B. Tom Rooney For Congress</b>		<b>Transaction ID:</b> SB21-EX5021 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address 2336 S. East Ocean Blvd #313		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Stuart State FL Zip Code 34996	Purpose of Disbursement Political Contributions Candidate Name Thomas Joseph Rooney	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Political Contributions

Full Name (Last, First, Middle Initial) <b>C. Dreams Go On Trail Ride</b>		<b>Transaction ID:</b> SB21-EX5027 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address RR 2 Box 351		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hollidaysburg State PA Zip Code 16648	Purpose of Disbursement Donations Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Donations

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 64 / 67

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

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

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

**A.** Saylor Retention 07

Mailing Address 742 South 80th Street

City Harrisburg State PA Zip Code 17111

Purpose of Disbursement  
Blairmont Club catering charges

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX5074

Date of Disbursement

09 / 30 / 2007

Amount of Each Disbursement this Period

260.00

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

Blairmont Club catering  
charges

**SUBTOTAL** of Disbursements This Page (optional) .....

260.00

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

5401.97



**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 65 / 67
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
 Bill Shuster for Congress

**Transaction ID: SC10-LN20**

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	.00	30000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 1 D D 1 9 Y Y Y Y 2 0 0 7	20080530	8.2500 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>30000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>30000.00</b>

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

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

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Bill Shuster for Congress

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

Outstanding Balance Beginning This Period 7500.00	<b>Transaction ID:</b> SD10-INV3289	
Amount Incurred This Period .00	Payment This Period .00	Outstanding Balance at Close of This Period 7500.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T Mobility	Nature of Debt (Purpose): Invoice: 830233055 Administrative/Salary
Mailing Address PO Box 6463	
City State ZIP Code Carol Stream IL 60197	

Outstanding Balance Beginning This Period .00	<b>Transaction ID:</b> SD10-INV4891	
Amount Incurred This Period 126.66	Payment This Period .00	Outstanding Balance at Close of This Period 126.66

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Invoice: 814 696-0225 608 26Y Administra
Mailing Address PO Box 660748	
City State ZIP Code Dallas TX 75266	

Outstanding Balance Beginning This Period .00	<b>Transaction ID:</b> SD10-INV4918	
Amount Incurred This Period 167.57	Payment This Period .00	Outstanding Balance at Close of This Period 167.57

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	7794.23
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	7794.23
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

Image# 27990763973

Form/Schedule: **F3N**

Transaction ID:

The accompanying Report of Receipts and Disbursements from July 1 2007 through September 30 2007 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.

\*\*\*\*\*