

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

Bill Shuster for Congress

ADDRESS (number and street)

PO Box 27

Check if different than previously reported. (ACC)

Hollidaysburg

PA

16848

2. **FEC IDENTIFICATION NUMBER**

C00364935

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED (A)

PA 9

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 04 08 2004 through 06 30 2004

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

Type or Print Name of Treasurer Frederick A Ciocca

Signature of Treasurer Electronically Filed by Frederick A Ciocca Date 07 15 2004

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y
0 4 0 8 2 0 0 4 0 6 3 0 2 0 0 4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	227397.56	909174.19
(b) Total Contribution Refunds (from Line 20(d)).....	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	226397.56	908174.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	338237.06	956720.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	631.23	1720.13
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	337605.83	955000.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	21337.41	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	24.62	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	126728.22	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Bill Shuster for Congress

Report Covering the Period: From: ^{M M} 0 4 ^{D J} 0 8 ^{Y Y Y Y} 2 0 0 4 To: ^{V V} 0 8 ^{U J} 3 0 ^{Y Y Y Y} 2 0 0 4

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	73075.56	
(i) Itemized (use Schedule A).....	6022.00	
(ii) Unitemized.....		
(iii) TOTAL of contributions	79097.56	382929.36
from individuals..... ▶	.00	411.50
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACS).....	148300.00	525833.33
(d) The Candidate.....	.00	.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	227397.56	909174.19
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	.00	.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	2000.00	2000.00
(b) All Other Loans.....	11000.00	11000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	13000.00	13000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	631.23	1720.13
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	.00	3500.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	241028.79	927394.32

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	338237.06	956720.37
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.....	1000.00	5496.50
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	1000.00	5496.50
<hr/>		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	1000.00	1000.00
(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)).....	1000.00	1000.00
<hr/>		
21. OTHER DISBURSEMENTS.....	2216.92	37250.35
<hr/>		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	342453.98	1000467.22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	122762.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	241028.79
25. SUBTOTAL (add Line 23 and Line 24).....	363791.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	342453.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	21337.41

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

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

FOR LINE NUMBER: PAGE 6 / 202

(check only one)

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

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. Union Pacific Corp Fund		Date of Receipt M / D / Y 06 / 21 / 2004
Mailing Address 800 Thirteenth Street, NW Suite 340		Transaction ID: SA11C-CN4012
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00010470		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) B. Dealers Election Action		Date of Receipt M / D / Y 06 / 14 / 2004
Mailing Address 8400 Westpark Drive		Transaction ID: SA11C-CN3899
City Mc Lean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C CD0040898		Amount of Each Receipt this Period 4000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) C. Association of American Railroads		Date of Receipt M / D / Y 06 / 29 / 2004
Mailing Address 50 F Street NW		Transaction ID: SA11C-CN4019
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C CD0280743		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. ARTBA		Date of Receipt M / D / Y 06 / 07 / 2004
Mailing Address 101D Massachusetts Ave NW		Transaction ID: SA11C-CN3695
City	State	Zip Code
Washington	DC	20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Lewis For Congress		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address PO Box 247		Transaction ID: SA11C-CN3682
City	State	Zip Code
Redlands	CA	92373
FEC ID number of contributing federal political committee. C CD00090357		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Truck		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 430 First Street SE		Transaction ID: SA11C-CN3925
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee. C CD0002851		Amount of Each Receipt this Period 2500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 202

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Federal Victory Fund		Date of Receipt M / D / Y 04 / 10 / 2004
Mailing Address 8420 Downing Court		Transaction ID: SA11C-CN3810
City Annandale	State VA	Zip Code 22003
FEC ID number of contributing federal political committee. C C00355271		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Outdoor Advertising Assoc Of America		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 1950 M Street NW Suite 1040		Transaction ID: SA11C-CN3712
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C CD0045781		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. American Maritime Officers Voluntary		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 2 West Dixie Highway		Transaction ID: SA11C-CN3985
City Dania	State FL	Zip Code 33004
FEC ID number of contributing federal political committee. C CD0027532		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 / 202

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. PricewaterhouseCoopers		Date of Receipt M / D / Y 06 / 28 / 2004
Mailing Address 1900 K Street NW Suite 900		Transaction ID: SA11C-CN4017
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C C00107235		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) B. ACRE		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 4301 Wilson Boulevard		Transaction ID: SA11C-CN3893
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. C CD0002872		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) C. American Council of Engineering		Date of Receipt M / D / Y 08 / 02 / 2004
Mailing Address 1015 15th Street NW Suite 802		Transaction ID: SA11C-CN3987
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C CD0010868		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 202

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. PPL People For Good Govt		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address Two North Ninth Street		Transaction ID: SA11C-CN4028
City	State	Zip Code
Allentown	PA	18101
FEC ID number of contributing federal political committee. C C00228106		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) B. UPS		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 55 Glenlake Parkway NE		Transaction ID: SA11C-CN3911
City	State	Zip Code
Atlanta	GA	30328
FEC ID number of contributing federal political committee. C CD0064788		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7500.00	

Full Name (Last, First, Middle Initial) C. UPS		Date of Receipt M / D / Y 04 / 29 / 2004
Mailing Address 55 Glenlake Parkway NE		Transaction ID: SA11C-CN3957
City	State	Zip Code
Atlanta	GA	30328
FEC ID number of contributing federal political committee. C CD0064788		Amount of Each Receipt this Period -1000.00
Name of Employer none	Occupation none	Returned Check Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6500.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. UPS		Date of Receipt M / D / Y 05 / 07 / 2004
Mailing Address 55 Glenlake Parkway NE		Transaction ID: SA11C-CN3993
City Atlanta	State GA	Zip Code 30328
FEC ID number of contributing federal political committee. C C00064766		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7500.00	

Full Name (Last, First, Middle Initial) B. Associated General Contractors		Date of Receipt M / D / Y 06 / 29 / 2004
Mailing Address 333 John Carlyle Street Suite 200		Transaction ID: SA11C-CN4024
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C CD0082817		Amount of Each Receipt this Period 5000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) C. Aircraft Owners Pilots Association		Date of Receipt M / D / Y 06 / 29 / 2004
Mailing Address 421 Aviation Way		Transaction ID: SA11C-CN4022
City Frederick	State MD	Zip Code 21701
FEC ID number of contributing federal political committee. C CD0131185		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 11 / 202

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. NFDA		Date of Receipt M / D / Y 06 / 16 / 2004
Mailing Address 13625 Bishop's Drive		Transaction ID: SA11C-CN4005
City Brookfield	State WI	Zip Code 53005
FEC ID number of contributing federal political committee. C C00204008		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. US Chamber		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 1615 H Street NW		Transaction ID: SA11C-CN3686
City Washington	State DC	Zip Code 20062
FEC ID number of contributing federal political committee. C CD0082040		Amount of Each Receipt this Period 3000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. General Motors Corporation		Date of Receipt M / D / Y 05 / 07 / 2004
Mailing Address 300 Renaissance Center PO Box 300		Transaction ID: SA11C-CN3686
City Detroit	State MI	Zip Code 48265
FEC ID number of contributing federal political committee. C CD0076810		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. National Restaurant Assoc		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address 1200 17th Street NW		Transaction ID: SA11C-CN3732
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00003764		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. DaimlerChrysler Corp		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 1000 Chrysler Drive		Transaction ID: SA11C-CN3855
City Auburn Hills	State MI	Zip Code 48326
FEC ID number of contributing federal political committee. C C00043687		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Federal Express		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address 942 S Shady Grove Road		Transaction ID: SA11C-CN3730
City Memphis	State TN	Zip Code 38120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	7000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Wine Spirits Wholesalers Of America		Date of Receipt M / D / Y 06 / 14 / 2004
Mailing Address 805 Fifteenth Street NW Suite 43D		Transaction ID: SA11C-CN4001
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. C C00147173		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Hershey Foods Corporation		Date of Receipt M / D / Y 06 / 21 / 2004
Mailing Address 100 Crystal A Drive		Transaction ID: SA11C-CN4013
City	State	Zip Code
Hershey	PA	17033
FEC ID number of contributing federal political committee. C C00200139		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Sprint Corporation		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 6450 Sprint Parkway		Transaction ID: SA11C-CN3973
City	State	Zip Code
Overland Park	KS	66251
FEC ID number of contributing federal political committee. C C00089342		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 14 / 202

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Reed Smith		Date of Receipt M / D / Y 04 / 26 / 2004
Mailing Address 1301 K Street NW Suite 1100 - East Tower		Transaction ID: SA11C-CN3941
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00242057		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Bipartisan		Date of Receipt M / D / Y 06 / 16 / 2004
Mailing Address One Mellon Bank Center Room 2B50		Transaction ID: SA11C-CN4007
City Pittsburgh	State PA	Zip Code 15259
FEC ID number of contributing federal political committee. C CD0017558		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Build		Date of Receipt M / D / Y 04 / 26 / 2004
Mailing Address 1201 15th Street NW		Transaction ID: SA11C-CN3945
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C CD0000901		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Build		Date of Receipt
Mailing Address 1201 15th Street NW		04 / 26 / 2004
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. C C00000801		Transaction ID: SA11C-CN3946
Name of Employer none		Amount of Each Receipt this Period
Occupation none		1000.00
Receipt For: 2004	Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
X Primary General	5000.00	
Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ford Motor Co Civic Action Fund		Date of Receipt
Mailing Address The American Road		04 / 28 / 2004
City	State	Zip Code
Dearborn	MI	48121
FEC ID number of contributing federal political committee. C C00046474		Transaction ID: SA11C-CN3956
Name of Employer none		Amount of Each Receipt this Period
Occupation none		1000.00
Receipt For: 2004	Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
X Primary General	3500.00	
Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Associated Builders & Contractors		Date of Receipt
Mailing Address 1300 North 17th Street		08 / 29 / 2004
City	State	Zip Code
Rosslyn	VA	22209
FEC ID number of contributing federal political committee. C C00010421		Transaction ID: SA11C-CN4025
Name of Employer none		Amount of Each Receipt this Period
Occupation none		5000.00
Receipt For: 2004	Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Primary X General	10000.00	
Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Exxon Mobil Corporation		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 5959 Las Colinas Blvd		Transaction ID: SA11C-CN3954
City Irving	State TX	Zip Code 75039
FEC ID number of contributing federal political committee. C C00121368		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Exxon Mobil Corporation		Date of Receipt M / D / Y 06 / 28 / 2004
Mailing Address 5959 Las Colinas Blvd		Transaction ID: SA11C-CN4018
City Irving	State TX	Zip Code 75039
FEC ID number of contributing federal political committee. C CD0121368		Amount of Each Receipt this Period 2500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5500.00	

Full Name (Last, First, Middle Initial) C. FirstEnergy		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 78 S Main Street		Transaction ID: SA11C-CN3928
City Akron	State OH	Zip Code 44308
FEC ID number of contributing federal political committee. C CD0140855		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

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

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

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

FOR LINE NUMBER: PAGE 17 / 202

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Future Leaders		Date of Receipt
Mailing Address 1155 21st Street NW Suite 300		04 / 14 / 2004
City	State	Zip Code
Washington	DC	20036
FEC ID number of contributing federal political committee. C C00269407		Transaction ID: SA11C-CN3683
Name of Employer none		Amount of Each Receipt this Period
Occupation none		5000.00
Receipt For: 2004	Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
X Primary General	5000.00	
Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Norfolk Souham Corp Good Govt Fund		Date of Receipt
Mailing Address Three Commerical Place		05 / 21 / 2004
City	State	Zip Code
Norfolk	VA	23510
FEC ID number of contributing federal political committee. C C00009282		Transaction ID: SA11C-CN3972
Name of Employer none		Amount of Each Receipt this Period
Occupation none		7500.00
Receipt For: 2004	Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Primary X General	7500.00	
Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cigna Corporation		Date of Receipt
Mailing Address 2001 Pennsylvania Avenue, NW Suite 350		08 / 25 / 2004
City	State	Zip Code
Washington	DC	20008
FEC ID number of contributing federal political committee. C C00085318		Transaction ID: SA11C-CN4014
Name of Employer none		Amount of Each Receipt this Period
Occupation none		2000.00
Receipt For: 2004	Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Primary X General	2000.00	
Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	8500.00
TOTAL This Period (last page this line number only)	▶	

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. NACS		Date of Receipt M / D / Y 04 / 26 / 2004
Mailing Address 1600 Duke Street		Transaction ID: SA11C-CN3947
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C C00126763		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. NACS		Date of Receipt M / D / Y 06 / 02 / 2004
Mailing Address 1600 Duke Street		Transaction ID: SA11C-CN3961
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C C00126763		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Verizon Communication Inc Good Govt		Date of Receipt M / D / Y 05 / 04 / 2004
Mailing Address 1717 Arch Street 47-S		Transaction ID: SA11C-CN3962
City Philadelphia	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. C C00186288		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

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

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

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

FOR LINE NUMBER: PAGE 10 / 202
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Verizon Communication Inc Good Govt		Date of Receipt M / D / Y 06 / 14 / 2004
Mailing Address 1717 Arch Street 47-S		Transaction ID: SA11C-CN3998
City Philadelphia	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. C C00186288		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) B. Exelon Corporation		Date of Receipt M / D / Y 05 / 07 / 2004
Mailing Address PO Box 805379		Transaction ID: SA11C-CN3965
City Chicago	State IL	Zip Code 60680
FEC ID number of contributing federal political committee. C CD0141218		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Exelon Corporation		Date of Receipt M / D / Y 06 / 14 / 2004
Mailing Address PO Box 805379		Transaction ID: SA11C-CN4002
City Chicago	State IL	Zip Code 60680
FEC ID number of contributing federal political committee. C CD0141218		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

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

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

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

FOR LINE NUMBER: PAGE 20 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Credit Union Legislative		Date of Receipt M / D / Y 05 / 13 / 2004
Mailing Address 801 Pennsylvania Avenue NW South Bldg Suite 600		Transaction ID: SA11C-CN3998
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00007880		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) B. NRA-Political Victory Fund		Date of Receipt M / D / Y 05 / 07 / 2004
Mailing Address 11250 Waples Mill Road		Transaction ID: SA11C-CN3998
City Fairfax	State VA	Zip Code 22030
FEC ID number of contributing federal political committee. C CD0053553		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) C. NRA-Political Victory Fund		Date of Receipt M / D / Y 06 / 29 / 2004
Mailing Address 11250 Waples Mill Road		Transaction ID: SA11C-CN4023
City Fairfax	State VA	Zip Code 22030
FEC ID number of contributing federal political committee. C CD0053553		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00	

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

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

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

FOR LINE NUMBER: PAGE 21 / 202

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Automotive Free International Trade		Date of Receipt M / D / Y 06 / 28 / 2004
Mailing Address 1625 Prince Street Suite 225		Transaction ID: SA11C-CN4015
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) B. National Beer Wholesalers Assoc		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 1100 King Street Suite 800		Transaction ID: SA11C-CN4027
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C CD0144788		Amount of Each Receipt this Period 5000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) C. Klett Rooney Labor Schorling		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 1 Oxford Centre, 40th Floor		Transaction ID: SA11C-CN3929
City Pittsburgh	State PA	Zip Code 15219
FEC ID number of contributing federal political committee. C CD0366377		Amount of Each Receipt this Period 1500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	11500.00
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 22 / 202

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. United Transportation Union		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 14800 Detroit Avenue		Transaction ID: SA11C-CN3982
City Lakewood	State OH	Zip Code 44107
FEC ID number of contributing federal political committee. C C00001636		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 1101 17th Street NW No. 800		Transaction ID: SA11C-CN3981
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C CD0107300		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Allegheny Power		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 10435 Downsview Pike		Transaction ID: SA11C-CN3982
City Hagerstown	State MD	Zip Code 21740
FEC ID number of contributing federal political committee. C CD0326579		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 202
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Allegheny Power		Date of Receipt M / D / Y 06 / 14 / 2004
Mailing Address 10435 Downsville Pike		Transaction ID: SA11C-CN4000
City	State	Zip Code
Hagerstown	MD	21740
FEC ID number of contributing federal political committee. C C00326579		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) B. RJ Reynolds		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address P.O. Box 718 401 N. Main Street		Transaction ID: SA11C-CN3688
City	State	Zip Code
Winston Salem	NC	27102
FEC ID number of contributing federal political committee. C C00042002		Amount of Each Receipt this Period 3000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. Midnight Sun		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 203 Maryland Ave NE		Transaction ID: SA11C-CN3681
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee. C C00345199		Amount of Each Receipt this Period 4000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Dairy Educational		Date of Receipt M / D / Y 06 / 21 / 2004
Mailing Address 10220 N Ambassador Drive PO Box 909700		Transaction ID: SA11C-CN4010
City Kansas City	State MO	Zip Code 64153
FEC ID number of contributing federal political committee. C C00001388		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Dominion		Date of Receipt M / D / Y 06 / 14 / 2004
Mailing Address One James River Plaza PO Box 28888		Transaction ID: SA11C-CN4003
City Richmond	State VA	Zip Code 23261
FEC ID number of contributing federal political committee. C CD0108209		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. AgriMark Legislation/Ed.		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address PO Box 5800		Transaction ID: SA11C-CN3984
City Lawrence	State MA	Zip Code 01842
FEC ID number of contributing federal political committee. C CD0141242		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

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

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

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

FOR LINE NUMBER: PAGE 25 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Concrete		Date of Receipt M / D / Y 04 / 26 / 2004
Mailing Address 900 Spring Street		Transaction ID: SA11C-CN3944
City State Zip Code Silver Spring MD 20910	FEC ID number of contributing federal political committee. C C00114025	Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. KOCH		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 855 15th Street NW Suite 445		Transaction ID: SA11C-CN3927
City State Zip Code Washington DC 20005	FEC ID number of contributing federal political committee. C CD0236489	Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. American Liberty		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address PO Box 77222		Transaction ID: SA11C-CN3824
City State Zip Code Washington DC 20013	FEC ID number of contributing federal political committee. C CD0366120	Amount of Each Receipt this Period 2500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	5500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. NFG FED		Date of Receipt M / D / Y 06 / 14 / 2004
Mailing Address 10 Lafayette Square		Transaction ID: SA11C-CN3997
City Buffalo	State NY	Zip Code 14203
FEC ID number of contributing federal political committee. C C00083758		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Nisource Inc.		Date of Receipt M / D / Y 06 / 16 / 2004
Mailing Address 200 Civic Center Drive		Transaction ID: SA11C-CN4008
City Columbus	State OH	Zip Code 43215
FEC ID number of contributing federal political committee. C C00051879		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. US Airways		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 2345 Crystal Drive		Transaction ID: SA11C-CN3919
City Arlington	State VA	Zip Code 22227
FEC ID number of contributing federal political committee. C C00040170		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 202
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Air Products Political Alliance		Date of Receipt M / D / Y 06 / 20 / 2004
Mailing Address PD Box 441		Transaction ID: SA11C-CN4020
City Trexlerstown	State PA	Zip Code 18087
FEC ID number of contributing federal political committee. C C00127258		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. MeadWestvaco		Date of Receipt M / D / Y 06 / 02 / 2004
Mailing Address One High Ridge Park		Transaction ID: SA11C-CN3888
City Stamford	State CT	Zip Code 06905
FEC ID number of contributing federal political committee. C CD0065887		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. NATSO		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 1189 Fairfax Street, Suite 801		Transaction ID: SA11C-CN3887
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C CD0097885		Amount of Each Receipt this Period 1500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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

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

FOR LINE NUMBER: PAGE 28 / 202
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Manitowoc Company		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address PD Box 1101		Transaction ID: SA11C-CN3920
City Marinette	State WI	Zip Code 54143
FEC ID number of contributing federal political committee. C C00287847		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. Manitowoc Company		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address PD Box 1101		Transaction ID: SA11C-CN3974
City Marinette	State WI	Zip Code 54143
FEC ID number of contributing federal political committee. C C00287847		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Help Americas Leaders		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 1155 21st Street NW Suite 300		Transaction ID: SA11C-CN3970
City Washington	State DC	Zip Code 20038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. American Crystal Sugar Co		Date of Receipt M / D / Y 06 / 02 / 2004
Mailing Address 101 North Third Street		Transaction ID: SA11C-CN3989
City Moorhead	State MN	Zip Code 56560
FEC ID number of contributing federal political committee. C C00110338		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Every Republican is Crucial		Date of Receipt M / D / Y 06 / 28 / 2004
Mailing Address 4914 Fitzhugh Avenue Suite 200		Transaction ID: SA11C-CN4016
City Richmond	State VA	Zip Code 23220
FEC ID number of contributing federal political committee. C CD0384701		Amount of Each Receipt this Period 2500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 8500.00	

Full Name (Last, First, Middle Initial) C. American Gas Association		Date of Receipt M / D / Y 06 / 29 / 2004
Mailing Address 400 N. Capitol Street NW		Transaction ID: SA11C-CN4021
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C CD0007450		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. OldCastle Materials Inc		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 101 Constitution Avenue NW Suite 600W		Transaction ID: SA11C-CN3912
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C C00346353		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Deloitte & Touche Federal		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address PO Box 385		Transaction ID: SA11C-CN3948
City Washington	State DC	Zip Code 20044
FEC ID number of contributing federal political committee. C CD0211318		Amount of Each Receipt this Period 3000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. Friends of Jennifer B Dunn		Date of Receipt M / D / Y 04 / 12 / 2004
Mailing Address PO Box 40110		Transaction ID: SA11C-CN3871
City Bellevue	State WA	Zip Code 98015
FEC ID number of contributing federal political committee. C CD0258131		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 31 / 202
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Hardwood Federation		Date of Receipt M / D / Y 04 / 12 / 2004
Mailing Address PD Box 34518		Transaction ID: SA11C-CN3673
City	State	Zip Code
Memphis	TN	38184
FEC ID number of contributing federal political committee. C C00396671		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Committee to Elect Steven Hawser		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 3936 Cortland Drive		Transaction ID: SA11C-CN3699
City	State	Zip Code
New Paris	PA	15554
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Hill & Knowlton		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 901 31st Street NW		Transaction ID: SA11C-CN3710
City	State	Zip Code
Washington	DC	20007
FEC ID number of contributing federal political committee. C CD0183D87		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 32 / 202

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Citizens to Elect Tuli		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address PD Box 778		Transaction ID: SA11C-CN3714
City Hershey	State PA	Zip Code 17033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. McCafer Congressional		Date of Receipt M / D / Y 04 / 18 / 2004
Mailing Address 39202 Lyndon		Transaction ID: SA11C-CN3811
City Livonia	State MI	Zip Code 48154
FEC ID number of contributing federal political committee. C CD0365B41		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Portland Cement Association		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address 1130 Connecticut Avenue NW Suite 1250		Transaction ID: SA11C-CN3825
City Washington	State DC	Zip Code 20038
FEC ID number of contributing federal political committee. C CD0237D85		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Citizens to Elect Hess		Date of Receipt M / D / Y 04 / 10 / 2004
Mailing Address PD Box 319		Transaction ID: SA11C-CN3851
City Bedford	State PA	Zip Code 15522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. General Electric Company		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 1299 Pennsylvania Avenue NW Suite 1100		Transaction ID: SA11C-CN3824
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C CD0024869		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. CARE		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 228 S. Washington Street - Suite 3		Transaction ID: SA11C-CN3926
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C CD0389668		Amount of Each Receipt this Period 5000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	6300.00
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 34 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Food Marketing Institute		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 855 15th Street NW-Suite 700		Transaction ID: SA11C-CN3930
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00014555		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. MMA		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 444 North Capitol Street NW Suite 845		Transaction ID: SA11C-CN3934
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C CD0245548		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. HERCO Inc		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 300 Park Boulevard PO Box 880		Transaction ID: SA11C-CN3935
City Hershey	State PA	Zip Code 17033
FEC ID number of contributing federal political committee. C CD0327528		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 35 / 202
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Motorola		Date of Receipt M / D / Y 05 / 04 / 2004
Mailing Address 1350 I Street NW Suite 400		Transaction ID: SA11C-CN3960
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00075341		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Honeywell International		Date of Receipt M / D / Y 05 / 04 / 2004
Mailing Address 1001 Pennsylvania Avenue NW Suite 700 S		Transaction ID: SA11C-CN3961
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00096158		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Professional Airways Systems Specialists		Date of Receipt M / D / Y 05 / 13 / 2004
Mailing Address 1150 17th Street NW Suite 702		Transaction ID: SA11C-CN3967
City Washington	State DC	Zip Code 20038
FEC ID number of contributing federal political committee. C C00286807		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Siemens Corporation		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 701 Pennsylvania Avenue NW Suite 720		Transaction ID: SA11C-CN3983
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00353797		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. The BlueCross BlueShield Assoc		Date of Receipt M / D / Y 06 / 02 / 2004
Mailing Address 131 D G Street NW		Transaction ID: SA11C-CN3980
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C CD0194748		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Minn-Dak Farmers		Date of Receipt M / D / Y 06 / 16 / 2004
Mailing Address 7525 Red River Road		Transaction ID: SA11C-CN4006
City Wahpeton	State ND	Zip Code 58075
FEC ID number of contributing federal political committee. C CD0164939		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. American Waterways Operators		Date of Receipt M / D / Y 06 / 21 / 2004
Mailing Address 801 North Quincy Street Suite 200		Transaction ID: SA11C-CN4009
City Arlington	State VA	Zip Code 22203
FEC ID number of contributing federal political committee. C C00034678		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Air Line Pilots Association		Date of Receipt M / D / Y 06 / 21 / 2004
Mailing Address 1625 Massachusetts Avenue NW		Transaction ID: SA11C-CN4011
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C CD0035451		Amount of Each Receipt this Period 2500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Equitable Resources, Inc.		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address One Oxford Centre, Suite 3300 301 Grant Street		Transaction ID: SA11C-CN4026
City Pittsburgh	State PA	Zip Code 15219
FEC ID number of contributing federal political committee. C CD0151175		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation none	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	148300.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 202
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Daniel R Lawruk		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address 41 Majestic Circle		Transaction ID: SA11Ai-CN3817
City Holidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Lawruk Builders Inc.	Occupation Executive/Construction	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1650.00	

Full Name (Last, First, Middle Initial) B. Michael A Rock		Date of Receipt M / D / Y 04 / 21 / 2004
Mailing Address 1331 Cassia Street		Transaction ID: SA11Ai-CN3875
City Hemdon	State VA	Zip Code 20170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Union Pacific Corporation	Occupation Lobbyist-Asst VP	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Kenneth W Butler		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 11810 Lyrac Court		Transaction ID: SA11Ai-CN3978
City Oakton	State VA	Zip Code 22124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Capital Partnerships(VA) Inc.	Occupation Transportation Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1750.00	

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 38 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Herman B Mellot		Date of Receipt M / D / Y Y Y Y 04 / 09 / 2004
Mailing Address 18942 Preston Road		Transaction ID: SA11Ai-CN3859
City Hagerstown	State MD	Zip Code 21742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer HB Mellot Estate Inc	Occupation Vice President-Operations	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mark R Smith		Date of Receipt M / D / Y Y Y Y 04 / 22 / 2004
Mailing Address 18512 Bear Creek Terrace		Transaction ID: SA11Ai-CN3921
City Leesburg	State VA	Zip Code 20176
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Da Vinci Group	Occupation Government Affairs Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Doree K Brake		Date of Receipt M / D / Y Y Y Y 04 / 21 / 2004
Mailing Address 224 Rhondel Drive PO Box 275		Transaction ID: SA11Ai-CN3879
City Saint Thomas	State PA	Zip Code 17252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer REMAX Realty Agency	Occupation Realtor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Harold L Brake		Date of Receipt M / D / Y 04 / 21 / 2004
Mailing Address 224 Rhondel Drive PO Box 275		Transaction ID: SA11Ai-CN3880
City Saint Thomas	State PA	Zip Code 17252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Charles E Brake Co Inc	Occupation Chairman	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) B. Darel D Brechbill		Date of Receipt M / D / Y 04 / 21 / 2004
Mailing Address 135 Pennsylvania Ave		Transaction ID: SA11Ai-CN3882
City Chambersburg	State PA	Zip Code 17201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Brechbill and Helman Co	Occupation Contractor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Catherine M Dice		Date of Receipt M / D / Y 04 / 21 / 2004
Mailing Address 1530 Majestic Drive		Transaction ID: SA11Ai-CN3883
City Chambersburg	State PA	Zip Code 17201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Dice Properties	Occupation Real Estate	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. John D Helman		Date of Receipt M / D / Y 04 / 21 / 2004
Mailing Address 1115 Sheller Avenue		Transaction ID: SA11Ai-CN3681
City Chambersburg	State PA	Zip Code 17201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Brechbill Helman Construc- tion	Occupation Project Administrator	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Robert E Karns		Date of Receipt M / D / Y 04 / 19 / 2004
Mailing Address 211 Walnut Street		Transaction ID: SA11Ai-CN3749
City Hollidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Jeffrey N Reeder		Date of Receipt M / D / Y 04 / 13 / 2004
Mailing Address 10970 Mcfarland Road		Transaction ID: SA11Ai-CN3874
City Mercersburg	State PA	Zip Code 17238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Universal Projects Inc	Occupation Businessman	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3125.00
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 42 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Martin G Hamberger, Esq.		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 111 D Water Pointe Lane		Transaction ID: SA11Ai-CN3981
City Reston	State VA	Zip Code 20184
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Attorney/Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Marianna Zamias		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 300 Market Street		Transaction ID: SA11Ai-CN3678
City Johnstown	State PA	Zip Code 15901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer George D Zamias Developer	Occupation Executive Vice President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dante J Dwyer, II		Date of Receipt M / D / Y 04 / 12 / 2004
Mailing Address 3803 Oval Drive		Transaction ID: SA11Ai-CN3883
City Alexandria	State VA	Zip Code 22305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Williams & Jensen	Occupation Partner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Mr. Dick M Rice		Date of Receipt M / D / Y 04 / 10 / 2004
Mailing Address 889 Lafayette Road		Transaction ID: SA11Ai-CN3666
City	State	Zip Code
New Enterprise	PA	16664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Bedford County	Occupation Dairy Farmer and County Commissioner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Steven B Dettler		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 81 Ponderosa Court		Transaction ID: SA11Ai-CN3676
City	State	Zip Code
Orchard Park	NY	14127
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer New Enterprise Stone and Lime	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. John A Roberts, Jr.		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address RR 2 Box 107-B		Transaction ID: SA11Ai-CN3918
City	State	Zip Code
Holidaysburg	PA	16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Allegheny Orthotics/Prosthetics	Occupation Owner/Prosthetist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1790.00
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 44 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Jeanne M Bolger		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address 109 E Allegheny Street		Transaction ID: SA11Ai-CN3816
City Martinsburg	State PA	Zip Code 16662
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Blair County	Occupation Jury Commissioner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Todd N Roadman		Date of Receipt M / D / Y 04 / 18 / 2004
Mailing Address 121 Diehl Field Road		Transaction ID: SA11Ai-CN3797
City Bedford	State PA	Zip Code 15522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Read Wertz and Roadman	Occupation Executive-Insurance	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. James W Van Buren		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 155 Stratford Court		Transaction ID: SA11Ai-CN3877
City Hollidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer New Enterprise Stone and Lime	Occupation Heavy Highway Construction	Redesignated 500 to General 2004 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Geoffrey W Clarke		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address RD 4 Box 125		Transaction ID: SA11Ai-CN3895
City Huntingdon	State PA	Zip Code 16652
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Enterprise Stone and Lime Receipt For: 2004 X Primary General Other (specify) ▼	Occupation VP Construction Election Cycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)

Full Name (Last, First, Middle Initial) B. Larry A Robbins		Date of Receipt M / D / Y 04 / 21 / 2004
Mailing Address 202 East Alta Avenue		Transaction ID: SA11Ai-CN3878
City Altoona	State PA	Zip Code 16601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Robbins Capital and Finance Receipt For: 2004 X Primary General Other (specify) ▼	Occupation Loan Broker Election Cycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)

Full Name (Last, First, Middle Initial) C. William H Bogal		Date of Receipt M / D / Y 04 / 08 / 2004
Mailing Address 105 McDonald Drive		Transaction ID: SA11Ai-CN3853
City Duncansville	State PA	Zip Code 16635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer M&T Bank Receipt For: 2004 X Primary General Other (specify) ▼	Occupation Banker Election Cycle-to-Date ▼ 200.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
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 46 / 202

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Randy F Shaw		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 2256 Rockhill Church Road		Transaction ID: SA11Ai-CN3702
City Everett	State PA	Zip Code 15537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ECM Insurance Group	Occupation CEO	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Craig J Timoney		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 836 South Juliana Street		Transaction ID: SA11Ai-CN3700
City Bedford	State PA	Zip Code 15522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CJ Timoney Inc	Occupation Owner Burger King Franchise	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. John J Corle		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 114 Rosemont Lane		Transaction ID: SA11Ai-CN3704
City Imler	State PA	Zip Code 16855
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Manufacturer/Construction	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Joyce L Dalton		Date of Receipt M / D / Y 04 / 10 / 2004
Mailing Address 1001 Logan Blvd		Transaction ID: SA11Ai-CN3753
City Altoona	State PA	Zip Code 16602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer RE/MAX Results Realty	Occupation Realtor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Patricia B Dabiler		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 186 Arandale Street		Transaction ID: SA11Ai-CN3696
City Bedford	State PA	Zip Code 15522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation Housewife	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. James Barley		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address RD 1 Box 72		Transaction ID: SA11Ai-CN3698
City Martinsburg	State PA	Zip Code 16662
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Enterprise Stone and Lime	Occupation Vice President Sales	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1025.00
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 48 / 202
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Paul I Detweiler, III		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 5028 Pennknoll Heights		Transaction ID: SA11Ai-CN3711
City Everett	State PA	Zip Code 15537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer New Enterprise Stone and Lime Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Executive Election Cycle-to-Date ▼ 2000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) B. Katherine C Erishman, D.O.		Date of Receipt M / D / Y 04 / 18 / 2004
Mailing Address 508 Messiah Church Road		Transaction ID: SA11Ai-CN3869
City Bedford	State PA	Zip Code 15522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pennwood Ophthalmic Assoc Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Physician DO Election Cycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) C. Robert B Asher		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 1307 Township Line Road		Transaction ID: SA11Ai-CN3937
City Gwynedd Valley	State PA	Zip Code 19437
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Asher Chocolates Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Executive/Manufacturer Election Cycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 202
 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. William J Higgins, Esq.		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 516 Lafayette Avenue		Transaction ID: SA11Ai-CN3703
City Bedford	State PA	Zip Code 15522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bedford County	Occupation District Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. William J Higgins, Esq.		Date of Receipt M / D / Y 04 / 18 / 2004
Mailing Address 516 Lafayette Avenue		Transaction ID: SA11Ai-CN3862
City Bedford	State PA	Zip Code 15522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Bedford County	Occupation District Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 740.00	

Full Name (Last, First, Middle Initial) C. Nancy J Pyle		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 840 S Juliana Street		Transaction ID: SA11Ai-CN3898
City Bedford	State PA	Zip Code 15522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 355.58
Name of Employer Bedford Hospital	Occupation Nurse Practitioner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1705.58	

SUBTOTAL of Receipts This Page (optional)	895.58
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 60 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Sandra K Detwiler		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 5020 Pennknoll Heights		Transaction ID: SA11Ai-CN3685
City Everett	State PA	Zip Code 15537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Paul Detwiler, Jr.		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 186 Arandale Street		Transaction ID: SA11Ai-CN3675
City Bedford	State PA	Zip Code 15522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer New Enterprise Stone and Lime	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Glenn Brandtmate		Date of Receipt M / D / Y 08 / 07 / 2004
Mailing Address 11 Linden Street		Transaction ID: SA11Ai-CN3994
City Hollidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ORX Corporation	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	▶	3250.00
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 51 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. William W Hoover		Date of Receipt M / D / Y 06 / 02 / 2004
Mailing Address 3121 Huntingdon Furnace Road		Transaction ID: SA11Ai-CN3986
City Tyrone	State PA	Zip Code 16686
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed B&D Acres	Occupation Farmer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Robert W Duff		Date of Receipt M / D / Y 04 / 09 / 2004
Mailing Address 565 Raikes Road		Transaction ID: SA11Ai-CN3660
City Huntingdon Valley	State PA	Zip Code 19066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Carr & Duff Inc	Occupation Partner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Alan R Mauk		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 2121 Jamieson Avenue Unit 1405		Transaction ID: SA11Ai-CN3936
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Alan Mauk Associated LTD	Occupation Consultant/Lobbyist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Stephen C Frabouck		Date of Receipt M / D / Y 04 / 10 / 2004
Mailing Address 1090 Fox Chapel Road		Transaction ID: SA11Ai-CN3798
City Pittsburgh	State PA	Zip Code 15238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Anderson Group	Occupation Businessman	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Arthur E Cameron		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 224 Falcon Ridge Road		Transaction ID: SA11Ai-CN3971
City Great Falls	State VA	Zip Code 22066
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Hampton H Durbin		Date of Receipt M / D / Y 04 / 19 / 2004
Mailing Address 810 East Wopsy Avenue		Transaction ID: SA11Ai-CN3745
City Altoona	State PA	Zip Code 16601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Durbin and Associates	Occupation Contractor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	3100.00
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 63 / 202
 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Gretchen W Rapp		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address 837 Olde Ventura Farm Road		Transaction ID: SA11Ai-CN3727
City Hummelstown	State PA	Zip Code 17036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation Housewife	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Mr. Jan D Mills, Sr.		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 708 South 22nd Street		Transaction ID: SA11Ai-CN3708
City Altoona	State PA	Zip Code 16602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer PA Turnpike Commission	Occupation Auditor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Constance Grand-DiCarlo		Date of Receipt M / D / Y 04 / 26 / 2004
Mailing Address 210 West Rittenhouse Square		Transaction ID: SA11Ai-CN3949
City Philadelphia	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation Housewife	General Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2700.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Constance Girard-DiCarlo		Date of Receipt M / D / Y 04 / 26 / 2004
Mailing Address 210 West Rittenhouse Square		Transaction ID: SA11Ai-CN3942
City Philadelphia	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation Housewife	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. David F Girard-DiCarlo		Date of Receipt M / D / Y 04 / 26 / 2004
Mailing Address 210 West Rittenhouse Square		Transaction ID: SA11Ai-CN3952
City Philadelphia	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Blank Rome LLP	Occupation Chairman	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. David F Girard-DiCarlo		Date of Receipt M / D / Y 04 / 26 / 2004
Mailing Address 210 West Rittenhouse Square		Transaction ID: SA11Ai-CN3943
City Philadelphia	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Blank Rome LLP	Occupation Chairman	Primary Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Roger L Beckner		Date of Receipt M / D / Y 04 / 21 / 2004	
Mailing Address 8755 Town Drive		Transaction ID: SA11Ai-CN3892	
City Saint Thomas	State PA	Zip Code 17252	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Beckner's Wayne Avenue Su- noco	Occupation Owner	Election Cycle-to-Date ▼ 300.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Garrett W Hoover		Date of Receipt M / D / Y 04 / 14 / 2004	
Mailing Address 48 Seneca Avenue		Transaction ID: SA11Ai-CN3899	
City Altoona	State PA	Zip Code 16802	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Nason Hospital	Occupation President/CEO	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Patrick W O'Donnell		Date of Receipt M / D / Y 04 / 21 / 2004	
Mailing Address 1049 Leidig Drive		Transaction ID: SA11Ai-CN3874	
City Chambersburg	State PA	Zip Code 17201	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Summit Health	Occupation CFO	Election Cycle-to-Date ▼ 350.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	950.00
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 66 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Roger P Winn		Date of Receipt M / D / Y 04 / 10 / 2004
Mailing Address 736 Hench Street		Transaction ID: SA11Ai-CN3852
City Bedford	State PA	Zip Code 15522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer UPMC-Bedford	Occupation CEO	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) B. Kenneth J Klein		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 10315 Folk Street		Transaction ID: SA11Ai-CN3891
City Silver Spring	State MD	Zip Code 20902
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Outdoor Advertising of America	Occupation Vice President-Govt Affairs	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Luelle M Dennis		Date of Receipt M / D / Y 04 / 19 / 2004
Mailing Address 807 Flat Rock Road		Transaction ID: SA11Ai-CN3800
City Markleysburg	State PA	Zip Code 15459
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Dennis Lumber Company, Inc	Occupation Bookkeeper	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	790.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
 or each category of the
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 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Cliff Madison		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 254-A Maryland Avenue NE		Transaction ID: SA11Ai-CN3979
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Government Relations Inc	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Rebecca Halkias		Date of Receipt M / D / Y 06 / 16 / 2004
Mailing Address 317 C Street NE		Transaction ID: SA11Ai-CN4004
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The C2 Group	Occupation Lobbyist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Lynnea K Detwiler		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 233 Stonehedge Road		Transaction ID: SA11Ai-CN3884
City	State	Zip Code
Holidaysburg	PA	16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation Housewife	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Alan J Kristel		Date of Receipt M / D / Y 04 / 08 / 2004
Mailing Address 11 Dock Hollow Road		Transaction ID: SA11Ai-CN3652
City Cold Spring Harbor	State NY	Zip Code 11724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Commercial Envelope Mfg Co Inc	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Louis D Rusotto		Date of Receipt M / D / Y 04 / 18 / 2004
Mailing Address 555 Sugar Camp Road		Transaction ID: SA11Ai-CN3799
City Venetia	State PA	Zip Code 15367
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer A & L Inc.	Occupation Contractor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. Julie Chiopacki		Date of Receipt M / D / Y 04 / 21 / 2004
Mailing Address 1547 Evers Drive		Transaction ID: SA11Ai-CN3878
City Mc Lean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Xenophon Strategies	Occupation Partner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Julie Chlopecki		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 1547 Evers Drive		Transaction ID: SA11Ai-CN3978
City Mc Lean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Xenophon Strategies	Occupation Partner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Mary Lou Lawruk		Date of Receipt M / D / Y 04 / 23 / 2004
Mailing Address 210 West Plank Road		Transaction ID: SA11Ai-CN3938
City Altoona	State PA	Zip Code 16802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Barry W Wright		Date of Receipt M / D / Y 04 / 19 / 2004
Mailing Address 3901 Fourth Avenue		Transaction ID: SA11Ai-CN3778
City Altoona	State PA	Zip Code 16802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Blair County	Occupation County Commissioner	Bavarian Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Dennis M Kelly		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address 800 Cove Lane		Transaction ID: SA11Ai-CN3722
City Roaring Spring	State PA	Zip Code 16673
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Retired	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Phyllis M Kurtz		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address 303 Laurel Street		Transaction ID: SA11Ai-CN3821
City Bellwood	State PA	Zip Code 16617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation Housewife	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Phyllis M Kurtz		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address 303 Laurel Street		Transaction ID: SA11Ai-CN3820
City Bellwood	State PA	Zip Code 16617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation Housewife	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Judith Ann Ziros		Date of Receipt M / D / Y 04 / 12 / 2004
Mailing Address RD 1 Box 238		Transaction ID: SA11Ai-CN3661
City New Salem	State PA	Zip Code 15468
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Jewelry Business	Occupation Self Employed	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. George A Earley		Date of Receipt M / D / Y 04 / 12 / 2004
Mailing Address 128 Isers Run Road		Transaction ID: SA11Ai-CN3662
City Garrett	State PA	Zip Code 15542
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rockwell Forest Products	Occupation Land Manager	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Constance T Rockwell		Date of Receipt M / D / Y 04 / 12 / 2004
Mailing Address 980 Penn Avenue Suite 700		Transaction ID: SA11Ai-CN3669
City Pittsburgh	State PA	Zip Code 15222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. S Kent Rackwell		Date of Receipt M / D / Y 04 / 12 / 2004
Mailing Address 980 Penn Avenue Suite 800		Transaction ID: SA11Ai-CN3670
City Pittsburgh	State PA	Zip Code 15222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sensytech	Occupation CEO	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Tara A Thompson		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 19928 Alva Court		Transaction ID: SA11Ai-CN3679
City Keedysville	State MD	Zip Code 21756
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer none	Occupation Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Carol N Anderson		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address PO Box 594		Transaction ID: SA11Ai-CN3680
City Huntingdon	State PA	Zip Code 16652
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Poole Anderson Construction	Occupation Secretary	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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 11a 11b 11c 11d
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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. James P Maurer		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address Box 83 Highland Avenue		Transaction ID: SA11Ai-CN3692
City Cassandra	State PA	Zip Code 15625
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Enterprise Stone and Lime Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Management Election Cycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) B. Daxler J Fowler		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address PO Box 617		Transaction ID: SA11Ai-CN3693
City Bedford	State PA	Zip Code 15622
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Enterprise Stone & Lime Co Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Civil Engineer-VP Newcrete Products Election Cycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) C. Galen L Biddle		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address RR 1 Box 12		Transaction ID: SA11Ai-CN3694
City Roaring Spring	State PA	Zip Code 16673
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Enterprise Stone & Lime Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Black Top Division Superintendent Election Cycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

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

SCHEDULE A (FEC Form 3)
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Richard J Emerick		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 492 Ellis Road		Transaction ID: SA11Ai-CN3697
City Schellsburg	State PA	Zip Code 15553
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer New Enterprise Stone & Lime	Occupation Director of Human Resources	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Scott E Brumbaugh		Date of Receipt M / D / Y 04 / 14 / 2004
Mailing Address 10 Hickory Hill		Transaction ID: SA11Ai-CN3701
City Holidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Brumbaugh Insurance	Occupation Insurance Broker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Scott E Brumbaugh		Date of Receipt M / D / Y 04 / 19 / 2004
Mailing Address 10 Hickory Hill		Transaction ID: SA11Ai-CN3787
City Holidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Brumbaugh Insurance	Occupation Insurance Broker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Patricia A Babryk		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address 407 Landon Gate		Transaction ID: SA11Ai-CN3715
City Pittsburgh	State PA	Zip Code 15238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Nicholas DeBenedictis		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address 231 Golf View Road		Transaction ID: SA11Ai-CN3716
City Ardmore	State PA	Zip Code 19003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer AquaAmerica	Occupation Manager	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Robert G Salath, III		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address 117 Business RT 22D		Transaction ID: SA11Ai-CN3718
City Bedford	State PA	Zip Code 15522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bedford Valley Pet	Occupation CEO-President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3)
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Use separate schedule(s)
or each category of the
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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Robert L Moran		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address 351 Hillwood Court		Transaction ID: SA11Ai-CN3726
City Herndon	State VA	Zip Code 20170
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Greenlee Partners LLC	Occupation Lobbyist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Susan K Roadman		Date of Receipt M / D / Y 04 / 19 / 2004
Mailing Address 121 Diehl Field Road		Transaction ID: SA11Ai-CN3796
City Bedford	State PA	Zip Code 15522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer none	Occupation Housewife	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Henry Fisher		Date of Receipt M / D / Y 04 / 19 / 2004
Mailing Address 5473 Kipling Road		Transaction ID: SA11Ai-CN3801
City Pittsburgh	State PA	Zip Code 15217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Commonwealth Securities & Investments	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Andrew Clayton Fisher		Date of Receipt M / D / Y 04 / 10 / 2004
Mailing Address 122B Murrayhill Avenue		Transaction ID: SA11Ai-CN3802
City	State	Zip Code
Pittsburgh	PA	15217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer CIM Investment Mgmt. Inc.	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Sarah Er Garr		Date of Receipt M / D / Y 04 / 10 / 2004
Mailing Address 1109 East End Avenue		Transaction ID: SA11Ai-CN3803
City	State	Zip Code
Pittsburgh	PA	15218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Richard Rajcawicz		Date of Receipt M / D / Y 04 / 10 / 2004
Mailing Address 425 Chelsea Ct.		Transaction ID: SA11Ai-CN3804
City	State	Zip Code
Pittsburgh	PA	15241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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: PAGE 66 / 202

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Michael Sciore		Date of Receipt M / D / Y 04 / 10 / 2004
Mailing Address 4803 Gwynedd Court		Transaction ID: SA11Ai-CN3813
City State Zip Code Dublin OH 43016	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Sciore & Associates	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Margaret Hardy		Date of Receipt M / D / Y 04 / 10 / 2004
Mailing Address 1019 RT 519		Transaction ID: SA11Ai-CN3814
City State Zip Code Eighty Four PA 15330	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer 84 Lumber Company	Occupation Executive	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Matthew J Steek		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address 4482 Dunmore Drive		Transaction ID: SA11Ai-CN3819
City State Zip Code Harrisburg PA 17112	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Greenlee Partners, LLC	Occupation Lobbyist/Managing Partner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
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 68 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Venmor		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address PD Box 1252		Transaction ID: SA11Ai-CN3822
City Altoona	State PA	Zip Code 16603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	100% from Joe Ventura
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) B. Joseph Ventura		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address 3400 Old Sixth Avenue Road		Transaction ID: SA11Ai-CN3823
City Duncansville	State PA	Zip Code 16825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer VenMor Partnership	Occupation Car Dealer/Developer	Partnership contribution-Venmor
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) [MEMO ITEM] \$500.00 MEMO Partnership Attributed

Full Name (Last, First, Middle Initial) C. Mark A Holman		Date of Receipt M / D / Y 04 / 21 / 2004
Mailing Address 920B Belwood Ct		Transaction ID: SA11Ai-CN3877
City Alexandria	State VA	Zip Code 22309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Blank Rome Gov't Relations	Occupation Senior Principal	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 202
 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. George L Nalley		Date of Receipt M / D / Y 04 / 21 / 2004
Mailing Address 13505 Buchanan Trail West		Transaction ID: SA11Ai-CN3883
City Mercersburg	State PA	Zip Code 17236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer none	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Clara D Nalley		Date of Receipt M / D / Y 04 / 21 / 2004
Mailing Address 13505 Buchanan Trail West		Transaction ID: SA11Ai-CN3884
City Mercersburg	State PA	Zip Code 17236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer none	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. L.R.M.		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 5506 Sixth Avenue Rear		Transaction ID: SA11Ai-CN3913
City Altoona	State PA	Zip Code 16802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer	Occupation	Attributed to Mike Leonard & Richard Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 71 / 202
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Michael A Fiore		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address RR 3 Box 6D8		Transaction ID: SA11Ai-CN3914
City Holidaysburg	State PA	Zip Code 16648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 266.00
Name of Employer Leonard S Fiore Inc	Occupation Vice President	Partnership contribution- L.R.M. Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) [MEMO ITEM] \$266.00 MEMO Partnership Attributed
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 765.95	

Full Name (Last, First, Middle Initial) B. Leonard S Fiore, Jr.		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 306 Ridge Avenue		Transaction ID: SA11Ai-CN3915
City Altoona	State PA	Zip Code 16602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 267.00
Name of Employer Leonard S Fiore Inc	Occupation President	Partnership contribution- L.R.M. Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) [MEMO ITEM] \$267.00 MEMO Partnership Attributed
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 267.00	

Full Name (Last, First, Middle Initial) C. Richard F Fiore, Sr.		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 19 Ruskin Drive		Transaction ID: SA11Ai-CN3916
City Altoona	State PA	Zip Code 16602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 267.00
Name of Employer Leonard S Fiore Inc	Occupation Executive Vice President	Partnership contribution- L.R.M. Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) [MEMO ITEM]
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 267.00	

SUBTOTAL of Receipts This Page (optional)	▶	0.00
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 72 / 202
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Julie A Gould		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 169B Foxhall Road NW		Transaction ID: SA11Ai-CN3922
City	State	Zip Code
Washington	DC	20007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Unemployed	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Robert H Marsh		Date of Receipt M / D / Y 04 / 22 / 2004
Mailing Address 308 West Street		Transaction ID: SA11Ai-CN3923
City	State	Zip Code
Vienna	VA	22180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer OB-C Group	Occupation Government Affairs(Lobbyist)	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Robert A Borski, Jr		Date of Receipt M / D / Y 04 / 26 / 2004
Mailing Address 4015 Fidler Street		Transaction ID: SA11Ai-CN3939
City	State	Zip Code
Philadelphia	PA	19114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Borski Associates, LLC	Occupation Associate	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. William F Kaminski		Date of Receipt M / D / Y 05 / 05 / 2004
Mailing Address 112 East Third Street		Transaction ID: SA11Ai-CN3959
City Waynesboro	State PA	Zip Code 17268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Kaminski & Havybaker, PC	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. David R Goode		Date of Receipt M / D / Y 05 / 21 / 2004
Mailing Address 7301 Woodway Lane		Transaction ID: SA11Ai-CN3969
City Norfolk	State VA	Zip Code 23505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Norfolk Southern	Occupation CEO-Chairman	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Brian G Conklin		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 311 Cambridge Road		Transaction ID: SA11Ai-CN3975
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Washington Council Ernst & Young	Occupation Partner	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
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 74 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial) A. Dan H Renberg		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 8800 Honeybee Lane		Transaction ID: SA11Ai-CN3977
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Arent Fox	Occupation Partner/Lobbyist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Martin E Torrey		Date of Receipt M / D / Y 05 / 24 / 2004
Mailing Address 2204 Huntridge Drive		Transaction ID: SA11Ai-CN3980
City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Holly L Mackenzie		Date of Receipt M / D / Y 06 / 07 / 2004
Mailing Address 252 W. Catherine Street		Transaction ID: SA11Ai-CN3998
City Somerset	State PA	Zip Code 15501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Paul Fish Esq./United Air- lines	Occupation Executive Assb/Flight Attendant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	73075.56

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 202

(check only one)

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

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NAME OF COMMITTEE (In Full) Bill Shuster for Congress	
Full Name (Last, First, Middle Initial) A. AT&T Wireless Services Mailing Address PD 944039 <hr/> City State Zip Code Maitland FL 32794 <hr/> FEC ID number of contributing federal political committee. C	Date of Receipt M / D / Y U / U / Y V / V / Y 06 / 10 / 2004 <hr/> Transaction ID: SA14-ER59 <hr/> Amount of Each Receipt this Period 446.23 <hr/> Expenditure Refund Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Name of Employer Receipt For: 2004 Primary X General Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 446.23

SUBTOTAL of Receipts This Page (optional)	▶	446.23
TOTAL This Period (last page this line number only)	▶	446.23

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
 A. Paul R Statler

Transaction ID: SB19B-LP32
 Date of Disbursement

Mailing Address 2201 Catharine Street

05 / 06 / 2004

City State Zip Code
 Huntingdon PA 16852

Amount of Each Disbursement this Period

Purpose of Disbursement
 Repay Loan

1000.00

Candidate Name

Category/
 Type

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

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

Repayment of loan

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00

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)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
 A. Paul R Statler

Mailing Address 2201 Catharine Street

City State Zip Code
 Huntingdon PA 16652

Purpose of Disbursement
 Loan interest Expenditure

Candidate Name

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

State: District

Category/
 Type

Transaction ID: SB17-LP32
 Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

2.38

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

Repayment of loan

Full Name (Last, First, Middle Initial)
 B. M&T Bank

Mailing Address 301 West Plank Road

City State Zip Code
 Altoona PA 16602

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

DD1
 Category/
 Type

Transaction ID: SB17-EX2620
 Date of Disbursement

04 / 08 / 2004

Amount of Each Disbursement this Period

17.15

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

Bank Service Charge

Full Name (Last, First, Middle Initial)
 C. Greener And Hook

Mailing Address 1875 Eye Street NW
 Suite 540

City State Zip Code
 Washington DC 20008

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

DD4
 Category/
 Type

Transaction ID: SB17-EX2604
 Date of Disbursement

04 / 08 / 2004

Amount of Each Disbursement this Period

20000.00

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

Advertising Expenses Media

SUBTOTAL of Disbursements This Page (optional) ▶

20019.53

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Donna J. Gambol, ABC

Mailing Address 140 Montour Avenue

City Johnstown State PA Zip Code 15905

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2858
Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

1769.63

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

Solicitation and Fundrais-
ing Expenses Fundraising

Full Name (Last, First, Middle Initial)
B. The Tarrance Group

Mailing Address 201 North Union Street Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

005
Category/
Type

Transaction ID: SB17-EX2946
Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

7000.00

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

Polling Expenses Polling
Costs

Full Name (Last, First, Middle Initial)
C. Holly MacKenzie

Mailing Address 252 West Catherine Street

City Somerset State PA Zip Code 15501

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2817
Date of Disbursement

04 / 21 / 2004

Amount of Each Disbursement this Period

2006.24

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

Solicitation and Fundrais-
ing Expenses Fundraising

SUBTOTAL of Disbursements This Page (optional) ▶

10775.87

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Greener And Hook

Mailing Address 1875 Eye Street NW
Suite 54D

City Washington State DC Zip Code 20006

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

004
Category/
Type

Transaction ID: SB17-EX2837
Date of Disbursement

06 / 15 / 2004

Amount of Each Disbursement this Period

8000.00

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

Advertising Expenses Media

Full Name (Last, First, Middle Initial)
B. Grandmas Kitchen

Mailing Address 112 S. 13th Street

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2805
Date of Disbursement

04 / 14 / 2004

Amount of Each Disbursement this Period

500.00

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

Solicitation and Fundraising
Expenses Fundraising

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

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16848

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2807
Date of Disbursement

04 / 15 / 2004

Amount of Each Disbursement this Period

7000.00

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

Administrative/Salary/Ove-
rhead Expenses Postage

SUBTOTAL of Disbursements This Page (optional) ▶

15500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Greener And Hook

Mailing Address 1875 Eye Street NW
Suite 54D

City Washington State DC Zip Code 20006

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

004
Category/
Type

Transaction ID: SB17-EX2808
Date of Disbursement

04 / 15 / 2004

Amount of Each Disbursement this Period

95000.00

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

Advertising Expenses Media

Full Name (Last, First, Middle Initial)
B. Greener And Hook

Mailing Address 1875 Eye Street NW
Suite 54D

City Washington State DC Zip Code 20006

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

004
Category/
Type

Transaction ID: SB17-EX2808
Date of Disbursement

04 / 19 / 2004

Amount of Each Disbursement this Period

30000.00

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

Advertising Expenses Media

Full Name (Last, First, Middle Initial)
C. Grandmas Kitchen

Mailing Address 112 S. 13th Street

City Altoona State PA Zip Code 16802

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2810
Date of Disbursement

04 / 19 / 2004

Amount of Each Disbursement this Period

950.00

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

Solicitation and Fundrais-
ing Expenses Fundraising

SUBTOTAL of Disbursements This Page (optional) ▶

125950.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2811
Date of Disbursement

04 / 19 / 2004

Amount of Each Disbursement this Period

8500.00

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

Administrative/Salary/Ove-
rhead Expenses Postage

Full Name (Last, First, Middle Initial)
B. Bavarian Aid Society

Mailing Address 112 South 13th Street

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2812
Date of Disbursement

04 / 19 / 2004

Amount of Each Disbursement this Period

1205.50

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

Solicitation and Fundrais-
ing Expenses Fundraising

Full Name (Last, First, Middle Initial)
C. Amy Hanna

Mailing Address 2917 Fifth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2813
Date of Disbursement

04 / 19 / 2004

Amount of Each Disbursement this Period

702.80

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

Administrative/Salary/Ove-
rhead Expenses Campaign
Workers' Salaries

SUBTOTAL of Disbursements This Page (optional) ▶

10408.10

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2814

Date of Disbursement

04 / 20 / 2004

Amount of Each Disbursement this Period

7454.00

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

Administrative/Salary/Ove-
rhead Expenses Postage

Full Name (Last, First, Middle Initial)

B. US Postal Service

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2815

Date of Disbursement

04 / 21 / 2004

Amount of Each Disbursement this Period

8591.00

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

Administrative/Salary/Ove-
rhead Expenses Postage

Full Name (Last, First, Middle Initial)

C. M&T Bank

Mailing Address 301 West Plank Road

City Altoona State PA Zip Code 16802

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2816

Date of Disbursement

04 / 21 / 2004

Amount of Each Disbursement this Period

1926.00

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

Administrative/Salary/Ove-
rhead Expenses Payroll Ta-
xes

SUBTOTAL of Disbursements This Page (optional) ▶

17971.09

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: SB17-EX2818
 Date of Disbursement

04 / 23 / 2004

Amount of Each Disbursement this Period

8346.00

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

Administrative/Salary/Ove-
 head Expenses Postage

Full Name (Last, First, Middle Initial)

B. Cherryhill Associates Inc

Mailing Address 721 N. Juniata Street
 Suite 100

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

003
 Category/
 Type

Transaction ID: SB17-EX2818
 Date of Disbursement

04 / 23 / 2004

Amount of Each Disbursement this Period

122.17

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

Solicitation and Fundrais-
 ing Expenses Fundraising

Full Name (Last, First, Middle Initial)

C. Cherryhill Associates Inc

Mailing Address 721 N. Juniata Street
 Suite 100

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

004
 Category/
 Type

Transaction ID: SB17-EX2820
 Date of Disbursement

04 / 23 / 2004

Amount of Each Disbursement this Period

653.15

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

Advertising Expenses Print
 Ads

SUBTOTAL of Disbursements This Page (optional) ▶

9121.32

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Cherryhill Associates Inc

Mailing Address 721 N. Juniata Street
Suite 100

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

004
Category/
Type

Transaction ID: SB17-EX2822

Date of Disbursement

04 / 23 / 2004

Amount of Each Disbursement this Period

142.59

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

Advertising Expenses Print
Ads

Full Name (Last, First, Middle Initial)

B. Cherryhill Associates Inc

Mailing Address 721 N. Juniata Street
Suite 100

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2821

Date of Disbursement

04 / 23 / 2004

Amount of Each Disbursement this Period

2082.09

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

Solicitation and Fundraising
Expenses Fundraising

Full Name (Last, First, Middle Initial)

C. Cherryhill Associates Inc

Mailing Address 721 N. Juniata Street
Suite 100

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2873

Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

9659.62

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

Solicitation and Fundraising
Expenses Fundraising

SUBTOTAL of Disbursements This Page (optional) ▶

11884.30

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Republican Men's Club

Mailing Address 290 S Stewart Street

City Blairsville State PA Zip Code 15717

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

004
Category/
Type

Transaction ID: SB17-EX2823

Date of Disbursement

04 / 23 / 2004

Amount of Each Disbursement this Period

100.00

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

Advertising Expenses Media

Full Name (Last, First, Middle Initial)

B. M&T Bank

Mailing Address 301 West Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2824

Date of Disbursement

04 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

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

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

Full Name (Last, First, Middle Initial)

C. K. I. Graphics & Copy Center

Mailing Address 5514 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2825

Date of Disbursement

04 / 26 / 2004

Amount of Each Disbursement this Period

37.85

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

1137.65

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
 Loews LEnfant Plaza Hotel

Mailing Address 480 LEnfant Plaza SW

City Washington State DC Zip Code 20024

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004
 Primary General Other (specify) ▼

002 Category/Type

Transaction ID: SB17-EX2881
 Date of Disbursement 05 / 06 / 2004

Amount of Each Disbursement this Period 116.00

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

Travel Expenses Lodging

B. Full Name (Last, First, Middle Initial)
 Loews LEnfant Plaza Hotel

Mailing Address 480 LEnfant Plaza SW

City Washington State DC Zip Code 20024

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004
 Primary General Other (specify) ▼

002 Category/Type

Transaction ID: SB17-EX2888
 Date of Disbursement 06 / 09 / 2004

Amount of Each Disbursement this Period 170.00

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

Travel Expenses Lodging

C. Full Name (Last, First, Middle Initial)
 Loews LEnfant Plaza Hotel

Mailing Address 480 LEnfant Plaza SW

City Washington State DC Zip Code 20024

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004
 Primary General Other (specify) ▼

002 Category/Type

Transaction ID: SB17-EX2905
 Date of Disbursement 06 / 29 / 2004

Amount of Each Disbursement this Period 279.08

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

Travel Expenses Lodging

SUBTOTAL of Disbursements This Page (optional) ▶ 565.08

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX2986
 Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

32.20

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

Administrative/Salary/Overhead Expenses Vehicle Expenses

Full Name (Last, First, Middle Initial)

B. Sheetz Inc

Mailing Address 5700 Sixth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX2987
 Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

17.72

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

Administrative/Salary/Overhead Expenses Vehicle Expenses

Full Name (Last, First, Middle Initial)

C. Haute on the Hill

Mailing Address PO Box 912

City Great Falls State VA Zip Code 22068

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

003
 Category/
 Type

Transaction ID: SB17-EX2882
 Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

186.00

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

Solicitation and Fundraising Expenses Fundraising

SUBTOTAL of Disbursements This Page (optional) ▶

235.92

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address PO Box 912

City State Zip Code
Great Falls VA 22066

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2940
Date of Disbursement

06 / 09 / 2004

Amount of Each Disbursement this Period

279.00

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

Solicitation and Fundrais-
ing Expenses Fundraising

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

Mailing Address PO Box 912

City State Zip Code
Great Falls VA 22066

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2984
Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

307.00

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

Solicitation and Fundrais-
ing Expenses Fundraising

Full Name (Last, First, Middle Initial)
C. Greener And Hook

Mailing Address 1875 Eye Street NW
Suite 540

City State Zip Code
Washington DC 20006

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

004
Category/
Type

Transaction ID: SB17-EX2826
Date of Disbursement

04 / 27 / 2004

Amount of Each Disbursement this Period

5000.00

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

Advertising Expenses Media

SUBTOTAL of Disbursements This Page (optional) ▶

5586.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
 A. Cherry Communications Co.

Mailing Address 227 N. Bronough Street

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

005
 Category/
 Type

Transaction ID: SB17-EX2827
 Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

11800.00

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

Polling Expenses Polling Costs

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

Mailing Address 530 Garber Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

003
 Category/
 Type

Transaction ID: SB17-EX2828
 Date of Disbursement

05 / 03 / 2004

Amount of Each Disbursement this Period

1200.00

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

Solicitation and Fundraising Expenses Campaign Consultant

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

Mailing Address 530 Garber Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

003
 Category/
 Type

Transaction ID: SB17-EX2829
 Date of Disbursement

05 / 03 / 2004

Amount of Each Disbursement this Period

196.10

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

Solicitation and Fundraising Expenses Fundraising

SUBTOTAL of Disbursements This Page (optional) ▶

13196.10

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Gregory King

Mailing Address 530 Garber Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2830
Date of Disbursement

05 / 03 / 2004

Amount of Each Disbursement this Period

354.81

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

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

Full Name (Last, First, Middle Initial)
B. Harrison Boyd

Mailing Address 100 Sutherland Drive
2121 Sutherland Hall

City Pittsburgh State PA Zip Code 15210

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

005
Category/
Type

Transaction ID: SB17-EX2831
Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

100.00

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

Polling Expenses Polling
Costs

Full Name (Last, First, Middle Initial)
C. Selena Holtz

Mailing Address 500 Fifth Avenue
Tower A

City Pittsburgh State PA Zip Code 15210

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

005
Category/
Type

Transaction ID: SB17-EX2832
Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

100.00

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

Polling Expenses Polling
Costs

SUBTOTAL of Disbursements This Page (optional) ▶

554.81

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Jamie Cortazzo

Mailing Address 500 Fifth Avenue
 Tower A

City Pittsburgh State PA Zip Code 15219

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

005
 Category/
 Type

Transaction ID: SB17-EX2833
 Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

100.00

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

Polling Expenses Polling
 Costs

Full Name (Last, First, Middle Initial)
B. Sarah Wonders

Mailing Address 100 Sutherland Drive
 1804 Sutherland Hall

City Pittsburgh State PA Zip Code 15219

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

005
 Category/
 Type

Transaction ID: SB17-EX2834
 Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

100.00

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

Polling Expenses Polling
 Costs

Full Name (Last, First, Middle Initial)
C. Brandon Boyd

Mailing Address 670 Craig Street

City Pittsburgh State PA Zip Code 15219

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

005
 Category/
 Type

Transaction ID: SB17-EX2835
 Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

100.00

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

Polling Expenses Polling
 Costs

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Frank Defina

Mailing Address 500 Fifth Avenue
Tower B

City Pittsburgh State PA Zip Code 15219

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

005
Category/
Type

Transaction ID: SB17-EX2836
Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

100.00

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

Polling Expenses Polling
Costs

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

Mailing Address 100 Sutherland Drive
2120 Sutherland Hall

City Pittsburgh State PA Zip Code 15219

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

005
Category/
Type

Transaction ID: SB17-EX2837
Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

100.00

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

Polling Expenses Polling
Costs

Full Name (Last, First, Middle Initial)
C. Rebecca Peters

Mailing Address 500 Fifth Avenue
Tower A

City Pittsburgh State PA Zip Code 15219

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

005
Category/
Type

Transaction ID: SB17-EX2839
Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

100.00

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

Polling Expenses Polling
Costs

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Kristen Lennon

Mailing Address 500 Fifth Avenue
Tower C

City Pittsburgh State PA Zip Code 15219

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

005
Category/
Type

Transaction ID: SB17-EX2840

Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

100.00

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

Polling Expenses Polling
Costs

Full Name (Last, First, Middle Initial)

B. David Kimmel

Mailing Address 1456 Forbes Avenue

City Pittsburgh State PA Zip Code 15219

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

005
Category/
Type

Transaction ID: SB17-EX2841

Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

100.00

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

Polling Expenses Polling
Costs

Full Name (Last, First, Middle Initial)

C. John Kilcoyne

Mailing Address 500 Fifth Avenue
Tower A

City Pittsburgh State PA Zip Code 15219

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

005
Category/
Type

Transaction ID: SB17-EX2844

Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

100.00

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

Polling Expenses Polling
Costs

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Sara Callan

Mailing Address 100 Sutherland Drive
809 Sutherland Hall

City Pittsburgh State PA Zip Code 15219

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

005
Category/
Type

Transaction ID: SB17-EX2843
Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

100.00

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

Polling Expenses Polling
Costs

Full Name (Last, First, Middle Initial)
B. Ashley Peters

Mailing Address 100 Sutherland Drive
807 Sutherland Hall

City Pittsburgh State PA Zip Code 15219

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

005
Category/
Type

Transaction ID: SB17-EX2845
Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

200.00

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

Polling Expenses Polling
Costs

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

Mailing Address 2502 Quail Avenue

City Altoona State PA Zip Code 16802

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2846
Date of Disbursement

05 / 01 / 2004

Amount of Each Disbursement this Period

2051.38

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

Administrative/Salary/Ove-
rhead Expenses Campaign
Workers' Salaries

SUBTOTAL of Disbursements This Page (optional) ▶

2351.38

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Heather B Camp

Mailing Address 143 North Ninth Street

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2847
Date of Disbursement

05 / 01 / 2004

Amount of Each Disbursement this Period

1731.76

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

Administrative/Salary/Ove-
rhead Expenses Campaign
Workers' Salaries

Full Name (Last, First, Middle Initial)
B. Mark and Rebecca Schaffer

Mailing Address 1501 Bass Lake Road

City Holly Springs State NC Zip Code 27540

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2848
Date of Disbursement

05 / 01 / 2004

Amount of Each Disbursement this Period

200.00

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

Administrative/Salary/Ove-
rhead Expenses Rent

Full Name (Last, First, Middle Initial)
C. Amy Hanna

Mailing Address 2917 Fifth Avenue

City Altoona State PA Zip Code 16802

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2849
Date of Disbursement

05 / 03 / 2004

Amount of Each Disbursement this Period

702.80

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

Administrative/Salary/Ove-
rhead Expenses Campaign
Workers' Salaries

SUBTOTAL of Disbursements This Page (optional) ▶

2634.36

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

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

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

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Patricia Manning

Mailing Address 610 Garber Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2850
Date of Disbursement

05 / 03 / 2004

Amount of Each Disbursement this Period

44.08

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

Administrative/Salary/Ove-
rhead Expenses Campaign
Workers' Salaries

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

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2851
Date of Disbursement

05 / 03 / 2004

Amount of Each Disbursement this Period

18.46

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

Administrative/Salary/Ove-
rhead Expenses Postage

Full Name (Last, First, Middle Initial)
C. The U.S. Treasury

Mailing Address Office of Personnel & Benefits
B215 Longworth House Office

City Washington State DC Zip Code 20515

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2854
Date of Disbursement

05 / 03 / 2004

Amount of Each Disbursement this Period

105.95

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

168.49

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. DSK Consultants

Mailing Address 530 Garber Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2856

Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

2000.00

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

Solicitation and Fundrais-
ing Expenses Campaign Con-
sultant

Full Name (Last, First, Middle Initial)

B. Holliday Real Estate

Mailing Address 316 Newry Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2856

Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

53.00

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

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

Full Name (Last, First, Middle Initial)

C. Amy Hanna

Mailing Address 2917 Fifth Avenue

City Altoona State PA Zip Code 16802

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2857

Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

163.33

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

2216.33

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Heather B Camp

Mailing Address 143 North Ninth Street

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2859
Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

269.10

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

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

Full Name (Last, First, Middle Initial)
B. Heather B Camp

Mailing Address 143 North Ninth Street

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2860
Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

48.16

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

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

Full Name (Last, First, Middle Initial)
C. Jean Bonnet Tavern

Mailing Address 6048 Lincoln Highway

City Bedford State PA Zip Code 15522

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2861
Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

1222.89

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

Solicitation and Fundrais-
ing Expenses Fundraising

SUBTOTAL of Disbursements This Page (optional) ▶

1540.15

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Susquehanna 4

Mailing Address 2261 Southpoint Drive

City Hummelstown State PA Zip Code 17036

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

003
 Category/
 Type

Transaction ID: SB17-EX2862

Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

350.00

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

Solicitation and Fundrais-
 ing Expenses Fundraising

Full Name (Last, First, Middle Initial)

B. Lombardo's

Mailing Address 835 Scalp Avenue

City Johnstown State PA Zip Code 15004

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

003
 Category/
 Type

Transaction ID: SB17-EX2863

Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

1452.00

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

Solicitation and Fundrais-
 ing Expenses Fundraising

Full Name (Last, First, Middle Initial)

C. Tony Carnicella

Mailing Address 1030 Third Avenue

City Altoona State PA Zip Code 16802

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: SB17-EX2865

Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

51.75

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

1853.75

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Yankee Pit Barbeque

Mailing Address 131 Lingenfelter Road

City Bedford State PA Zip Code 15522

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2866

Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

295.00

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

Solicitation and Fundrais-
ing Expenses Fundraising

Full Name (Last, First, Middle Initial)

B. John Kurtz

Mailing Address 303 Laurel Street

City Bellwood State PA Zip Code 16617

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2867

Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

174.00

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

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

Full Name (Last, First, Middle Initial)

C. John Kurtz

Mailing Address 303 Laurel Street

City Bellwood State PA Zip Code 16617

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

002
Category/
Type

Transaction ID: SB17-EX2868

Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

17.28

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

Travel Expenses Meals

SUBTOTAL of Disbursements This Page (optional) ▶

486.29

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
 for each category of the
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

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

Mailing Address 303 Laurel Street

City Bellwood State PA Zip Code 16617

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: SB17-EX2869
 Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

12.65

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

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

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

Mailing Address 303 Laurel Street

City Bellwood State PA Zip Code 16617

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: SB17-EX2870
 Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

1.75

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

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

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

Mailing Address PO 944039

City Maitland State FL Zip Code 32794

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: SB17-EX2871
 Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

438.64

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

Administrative/Salary/Ove-
 rhead Expenses Telephone

SUBTOTAL of Disbursements This Page (optional) ▶

454.04

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Charter Communications

Mailing Address 2200 Beale Avenue

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2872
Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

59.95

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

Administrative/Salary/Ove-
rhead Expenses Utilities

Full Name (Last, First, Middle Initial)

B. Cherryhill Associates Inc

Mailing Address 721 N. Juniata Street
Suite 100

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

008
Category/
Type

Transaction ID: SB17-EX2874
Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

1611.84

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

Campaign Materials Campai-
gn Literature

Full Name (Last, First, Middle Initial)

C. Digitize Media

Mailing Address 721 N Juniata Street
Riverview Center Suite 100

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

008
Category/
Type

Transaction ID: SB17-EX2875
Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

1000.00

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

Campaign Materials Campai-
gn Literature

SUBTOTAL of Disbursements This Page (optional) ▶

2671.79

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

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

Mailing Address PO Box 17464

City Baltimore State MD Zip Code 21297

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Transaction ID: SB17-EX2876
 Date of Disbursement
 05 / 06 / 2004

Amount of Each Disbursement this Period
 92.74

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

Administrative/Salary/Ove-
 rhead Expenses Telephone

Full Name (Last, First, Middle Initial)
B. Pathfinder Communications, LLC

Mailing Address 603 Swedesford Road
 Swedesford Corporate Center

City Malvern State PA Zip Code 19355

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Transaction ID: SB17-EX2877
 Date of Disbursement
 05 / 06 / 2004

Amount of Each Disbursement this Period
 3290.00

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

Advertising Expenses Media

Full Name (Last, First, Middle Initial)
C. Pathfinder Communications, LLC

Mailing Address 603 Swedesford Road
 Swedesford Corporate Center

City Malvern State PA Zip Code 19355

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

Transaction ID: SB17-EX2878
 Date of Disbursement
 05 / 06 / 2004

Amount of Each Disbursement this Period
 8535.00

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

Advertising Expenses Media

SUBTOTAL of Disbursements This Page (optional) ▶ **9917.74**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Pathfinder Communications, LLC

Mailing Address 603 Swedesford Road
 Swedesford Corporate Center
 City Malvern State PA Zip Code 19355

Purpose of Disbursement Expenditure
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼
 State: District

004
 Category/
 Type

Transaction ID: SB17-EX2879
 Date of Disbursement
 05 / 06 / 2004
 Amount of Each Disbursement this Period
 175.00
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
 Advertising Expenses Media

Full Name (Last, First, Middle Initial)
B. Pathfinder Communications, LLC

Mailing Address 603 Swedesford Road
 Swedesford Corporate Center
 City Malvern State PA Zip Code 19355

Purpose of Disbursement Expenditure
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼
 State: District

004
 Category/
 Type

Transaction ID: SB17-EX2912
 Date of Disbursement
 05 / 25 / 2004
 Amount of Each Disbursement this Period
 2860.00
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
 Advertising Expenses Media

Full Name (Last, First, Middle Initial)
C. Pathfinder Communications, LLC

Mailing Address 603 Swedesford Road
 Swedesford Corporate Center
 City Malvern State PA Zip Code 19355

Purpose of Disbursement Expenditure
 Candidate Name
 Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼
 State: District

004
 Category/
 Type

Transaction ID: SB17-EX2913
 Date of Disbursement
 05 / 25 / 2004
 Amount of Each Disbursement this Period
 5390.00
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
 Advertising Expenses Media

SUBTOTAL of Disbursements This Page (optional) ▶ **8425.00**

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

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

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

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Pathfinder Communications, LLC

Mailing Address 603 Swedesford Road
Swedesford Corporate Center
City Malvern State PA Zip Code 19355

Purpose of Disbursement
Expenditure

Candidate Name

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

004
Category/
Type

Transaction ID: SB17-EX2914
Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

1750.00

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

Advertising Expenses Media

Full Name (Last, First, Middle Initial)
B. Raymond Zaborney

Mailing Address 16 North Shamokin Street

City Shamokin State PA Zip Code 17872

Purpose of Disbursement
Expenditure

Candidate Name

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

003
Category/
Type

Transaction ID: SB17-EX2884
Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

5000.00

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

Solicitation and Fundrais-
ing Expenses Campaign Con-
sultant

Full Name (Last, First, Middle Initial)
C. Ciocca Benton & Company, P.C.

Mailing Address PO Box 1473

City Altoona State PA Zip Code 16803

Purpose of Disbursement
Expenditure

Candidate Name

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

001
Category/
Type

Transaction ID: SB17-EX2885
Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

2500.00

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

Administrative/Salary/Ove-
rhead Expenses Profession-
al Services

SUBTOTAL of Disbursements This Page (optional) ▶

9250.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
 A. Ciocca Benton & Company, P.C.

Mailing Address PO Box 1473

City Altoona State PA Zip Code 16603

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX2915
 Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

1000.00

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

Administrative/Salary/Ove-
 rhead Expenses Professional
 Services

Full Name (Last, First, Middle Initial)
 B. Ciocca Benton & Company, P.C.

Mailing Address PO Box 1473

City Altoona State PA Zip Code 16603

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX2950
 Date of Disbursement

06 / 28 / 2004

Amount of Each Disbursement this Period

1000.00

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

Administrative/Salary/Ove-
 rhead Expenses Professional
 Services

Full Name (Last, First, Middle Initial)
 C. Amy Hanna

Mailing Address 2917 Fifth Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17-EX2886
 Date of Disbursement

05 / 17 / 2004

Amount of Each Disbursement this Period

702.60

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

Administrative/Salary/Ove-
 rhead Expenses Campaign
 Workers' Salaries

SUBTOTAL of Disbursements This Page (optional) ▶

2702.60

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address 25452 Brickell Drive

City Chantilly State VA Zip Code 20152

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2887
Date of Disbursement

05 / 17 / 2004

Amount of Each Disbursement this Period

2000.00

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

Solicitation and Fundrais-
ing Expenses Campaign Con-
sultant

Full Name (Last, First, Middle Initial)

B. M&T Bank

Mailing Address 301 West Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2888
Date of Disbursement

05 / 19 / 2004

Amount of Each Disbursement this Period

1917.69

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

Administrative/Salary/Ove-
rhead Expenses Payroll Ta-
xes

Full Name (Last, First, Middle Initial)

C. Hampton Inn

Mailing Address 180 Charlotte Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

002
Category/
Type

Transaction ID: SB17-EX2889
Date of Disbursement

05 / 24 / 2004

Amount of Each Disbursement this Period

1217.76

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

Travel Expenses Lodging

SUBTOTAL of Disbursements This Page (optional) ▶

5135.45

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

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Picture Perfect Productions

Mailing Address 286 East Main Street

City Hummelstown State PA Zip Code 17036

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2891
Date of Disbursement

05 / 24 / 2004

Amount of Each Disbursement this Period

174.90

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

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

Full Name (Last, First, Middle Initial)
B. The U.S. Treasury

Mailing Address Office of Personnel & Benefits
B215 Longworth House Office

City Washington State DC Zip Code 20515

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2892
Date of Disbursement

05 / 24 / 2004

Amount of Each Disbursement this Period

105.95

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

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

Full Name (Last, First, Middle Initial)
C. e-Lynxx Corporation

Mailing Address PO Box W

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2893
Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

241.28

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

522.13

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
 for each category of the
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

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

Mailing Address PO Box W

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004

X Primary General

Other (specify) ▼

State: District

Transaction ID: SB17-EX2894
 Date of Disbursement
 05 / 25 / 2004

Amount of Each Disbursement this Period
 1237.09

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

Solicitation and Fundrais-
 ing Expenses Fundraising

B. Full Name (Last, First, Middle Initial)
 Martin's Famous Pastry Shoppe

Mailing Address 1000 Potato Roll Lane

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004

X Primary General

Other (specify) ▼

State: District

Transaction ID: SB17-EX2895
 Date of Disbursement
 05 / 25 / 2004

Amount of Each Disbursement this Period
 89.54

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

Solicitation and Fundrais-
 ing Expenses Fundraising

C. Full Name (Last, First, Middle Initial)
 Trickling Springs Creamery LLC

Mailing Address 2330 Molly Pitcher Hwy

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004

X Primary General

Other (specify) ▼

State: District

Transaction ID: SB17-EX2896
 Date of Disbursement
 05 / 25 / 2004

Amount of Each Disbursement this Period
 186.25

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

Solicitation and Fundrais-
 ing Expenses Fundraising

SUBTOTAL of Disbursements This Page (optional) ▶ **1492.88**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address PO Box 2001

City Harrisburg State PA Zip Code 17105

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2897
Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

105.28

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

Solicitation and Fundrais-
ing Expenses Fundraising

Full Name (Last, First, Middle Initial)
B. Capitol Theatre Center

Mailing Address 159 South Main Street

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2898
Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

250.00

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

Solicitation and Fundrais-
ing Expenses Fundraising

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

Mailing Address 402 East Catherine Street

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2899
Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

444.76

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

Solicitation and Fundrais-
ing Expenses Fundraising

SUBTOTAL of Disbursements This Page (optional) ▶

800.04

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

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

Mailing Address 2908 William Penn Highway

City Easton State PA Zip Code 18045

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

005
 Category/
 Type

Transaction ID: SB17-EX2900
 Date of Disbursement
 05 / 25 / 2004

Amount of Each Disbursement this Period
 3000.00

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

Polling Expenses Polling
 Costs

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

Mailing Address 2906 William Penn Highway

City Easton State PA Zip Code 18045

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

005
 Category/
 Type

Transaction ID: SB17-EX2954
 Date of Disbursement
 06 / 29 / 2004

Amount of Each Disbursement this Period
 3210.00

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

Polling Expenses Polling
 Costs

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

Mailing Address 1811 N Kent Street Suite 9D5

City Arlington State VA Zip Code 22209

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

005
 Category/
 Type

Transaction ID: SB17-EX2901
 Date of Disbursement
 05 / 25 / 2004

Amount of Each Disbursement this Period
 3000.00

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

Polling Expenses Polling
 Costs

SUBTOTAL of Disbursements This Page (optional) ▶ **9210.00**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Advantage Inc

Mailing Address 1611 N Kent Street Suite 905

City Arlington State VA Zip Code 22209

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

005
Category/
Type

Transaction ID: SB17-EX2948

Date of Disbursement

06 / 23 / 2004

Amount of Each Disbursement this Period

1611.95

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

Polling Expenses Polling
Costs

Full Name (Last, First, Middle Initial)

B. Bedford Co. Republican Comm

Mailing Address 2425 Lower Snake Spring Road

City Everett State PA Zip Code 15537

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

004
Category/
Type

Transaction ID: SB17-EX2902

Date of Disbursement

06 / 25 / 2004

Amount of Each Disbursement this Period

75.00

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

Advertising Expenses Print
Ads

Full Name (Last, First, Middle Initial)

C. William Shuster

Mailing Address B Overlook Drive

City Hollidaysburg State PA Zip Code 16848

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2903

Date of Disbursement

06 / 25 / 2004

Amount of Each Disbursement this Period

21.18

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

1708.13

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Michele Hennessey

Mailing Address 5044 Eisenhower Avenue
Apt 211

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

002
Category/
Type

Transaction ID: SB17-EX2904
Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

17.30

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
B. Michele Hennessey

Mailing Address 5044 Eisenhower Avenue
Apt 211

City Alexandria State VA Zip Code 22304

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

002
Category/
Type

Transaction ID: SB17-EX2905
Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

25.85

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
C. Christy Farmer

Mailing Address 4201 South 31st Street #836

City Arlington State VA Zip Code 22208

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2906
Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

47.24

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

90.39

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address 2710 Quebec Street, NW

City Washington State DC Zip Code 20008

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2907
Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

69.25

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

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

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

Mailing Address 2502 Quail Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2908
Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

221.50

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

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

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

Mailing Address 2502 Quail Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2909
Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

275.00

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

559.84

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address 2502 Quail Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

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

001
Category/
Type

Transaction ID: SB17-EX2910
Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

217.70

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

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

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

Mailing Address 721 N. Juniata Street
Suite 100

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

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

003
Category/
Type

Transaction ID: SB17-EX2916
Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

750.00

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

Solicitation and Fundrais-
ing Expenses Fundraising

Full Name (Last, First, Middle Initial)
C. M&T Bank

Mailing Address 301 West Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

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

001
Category/
Type

Transaction ID: SB17-EX2918
Date of Disbursement

05 / 10 / 2004

Amount of Each Disbursement this Period

176.00

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

Bank Service Charge

SUBTOTAL of Disbursements This Page (optional) ▶

1143.70

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Heather B Camp

Mailing Address 143 North Ninth Street

City Indiana State PA Zip Code 15701

Purpose of Disbursement Expenditure

Candidate Name

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

002
 Category/
 Type

Transaction ID: SB17-EX2919
 Date of Disbursement
 06 / 09 / 2004

Amount of Each Disbursement this Period
 49.80
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
B. Charter Communications

Mailing Address 2200 Beale Avenue

City Altoona State PA Zip Code 16601

Purpose of Disbursement Expenditure

Candidate Name

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

001
 Category/
 Type

Transaction ID: SB17-EX2920
 Date of Disbursement
 06 / 09 / 2004

Amount of Each Disbursement this Period
 59.95
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Administrative/Salary/Overhead Expenses Utilities

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

Mailing Address 721 N. Juniata Street Suite 100

City Hollidaysburg State PA Zip Code 16848

Purpose of Disbursement Expenditure

Candidate Name

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

003
 Category/
 Type

Transaction ID: SB17-EX2921
 Date of Disbursement
 06 / 09 / 2004

Amount of Each Disbursement this Period
 750.00
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Solicitation and Fundraising Expenses Fundraising

SUBTOTAL of Disbursements This Page (optional) ▶ **853.55**

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Digitize Media

Mailing Address 721 N Juniata Street
Riverview Center Suite 100

City Hollidaysburg State PA Zip Code 16848

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2922

Date of Disbursement

06 / 09 / 2004

Amount of Each Disbursement this Period

200.15

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

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 17464

City Baltimore State MD Zip Code 21207

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2923

Date of Disbursement

06 / 09 / 2004

Amount of Each Disbursement this Period

92.74

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

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)

C. Verizon

Mailing Address PO Box 8585

City Philadelphia State PA Zip Code 19173

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House
Senate
President

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2924

Date of Disbursement

06 / 09 / 2004

Amount of Each Disbursement this Period

500.73

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

Administrative/Salary/Ove-
rhead Expenses Telephone

SUBTOTAL of Disbursements This Page (optional) ▶

793.62

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Hampton Inn

Mailing Address 180 Charlotte Drive

City Altoona State PA Zip Code 16601

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

002
Category/
Type

Transaction ID: SB17-EX2926

Date of Disbursement

05 / 25 / 2004

Amount of Each Disbursement this Period

108.21

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

Travel Expenses Lodging

Full Name (Last, First, Middle Initial)

B. Dave Reed

Mailing Address PO Box 1440

City Indiana State PA Zip Code 15701

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2926

Date of Disbursement

06 / 09 / 2004

Amount of Each Disbursement this Period

176.06

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

Administrative/Salary/Overhead Expenses Utilities

Full Name (Last, First, Middle Initial)

C. Campaign Resource Strategies

Mailing Address 25452 Brickell Drive

City Chantilly State VA Zip Code 20152

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2927

Date of Disbursement

06 / 09 / 2004

Amount of Each Disbursement this Period

2000.00

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

Solicitation and Fundraising Expenses Campaign Consultant

SUBTOTAL of Disbursements This Page (optional) ▶

2284.27

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

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

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

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

Mailing Address 25452 Brickell Drive

City Chantilly State VA Zip Code 20152

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2928
Date of Disbursement

06 / 09 / 2004

Amount of Each Disbursement this Period

1968.67

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

Solicitation and Fundrais-
ing Expenses Fundraising

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

Mailing Address 2502 Quail Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2930
Date of Disbursement

06 / 09 / 2004

Amount of Each Disbursement this Period

83.24

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

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)
C. Covington & Burling

Mailing Address 1201 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2934
Date of Disbursement

06 / 09 / 2004

Amount of Each Disbursement this Period

4877.40

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

Administrative/Salary/Ove-
rhead Expenses Legal Cons-
ultant

SUBTOTAL of Disbursements This Page (optional) ▶

6929.31

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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17 20a 18 20b 19a 20c 19b 21

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

A. Full Name (Last, First, Middle Initial)
 Political Marketing International, Inc.

Mailing Address 3172 N. Rainbow Blvd-#211

City Las Vegas State NV Zip Code 89108

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

004
 Category/
 Type

Transaction ID: SB17-EX2935
 Date of Disbursement
 06 / 09 / 2004

Amount of Each Disbursement this Period
 4500.00

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

Advertising Expenses Media

B. Full Name (Last, First, Middle Initial)
 Political Marketing International, Inc.

Mailing Address 3172 N. Rainbow Blvd-#211

City Las Vegas State NV Zip Code 89108

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

004
 Category/
 Type

Transaction ID: SB17-EX2948
 Date of Disbursement
 06 / 29 / 2004

Amount of Each Disbursement this Period
 3000.00

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

Advertising Expenses Media

C. Full Name (Last, First, Middle Initial)
 Political Marketing International, Inc.

Mailing Address 3172 N. Rainbow Blvd-#211

City Las Vegas State NV Zip Code 89108

Purpose of Disbursement Expenditure

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: District

004
 Category/
 Type

Transaction ID: SB17-EX2960
 Date of Disbursement
 06 / 29 / 2004

Amount of Each Disbursement this Period
 3764.06

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

Advertising Expenses Media

SUBTOTAL of Disbursements This Page (optional) ▶ **11264.06**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Raymond Zaborney

Mailing Address 16 North Shamokin Street

City Shamokin State PA Zip Code 17872

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: SB17-EX2936
Date of Disbursement

06 / 09 / 2004

Amount of Each Disbursement this Period

2000.00

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

Solicitation and Fundrais-
ing Expenses Campaign Con-
sultant

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

Mailing Address PO 944039

City Maitland State FL Zip Code 32704

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2944
Date of Disbursement

06 / 25 / 2004

Amount of Each Disbursement this Period

1033.27

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

Administrative/Salary/Ove-
rhead Expenses Telephone

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

Mailing Address PO Box 0537

City Indiana State PA Zip Code 15701

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2938
Date of Disbursement

06 / 09 / 2004

Amount of Each Disbursement this Period

15.00

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

3048.27

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Kathy's Deli

Mailing Address 891 West King Street
 Suite C

City Shippensburg State PA Zip Code 17257

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

003
 Category/
 Type

Transaction ID: SB17-EX2962

Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

145.00

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

Solicitation and Fundraising Expenses Fundraising

Full Name (Last, First, Middle Initial)

B. Verizon

Mailing Address PO Box 8585

City Philadelphia State PA Zip Code 19173

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: SB17-EX2963

Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

272.40

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

Administrative/Salary/Overhead Expenses Telephone

Full Name (Last, First, Middle Initial)

C. Dave Reed

Mailing Address PO Box 1440

City Indiana State PA Zip Code 15701

Purpose of Disbursement Expenditure

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: SB17-EX2966

Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

300.00

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

Administrative/Salary/Overhead Expenses Rent

SUBTOTAL of Disbursements This Page (optional) ▶

717.40

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Dave Reed

Mailing Address PO Box 1440

City Indiana State PA Zip Code 15701

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: SB17-EX2957
 Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

38.98

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

Administrative/Salary/Ove-
 head Expenses Utilities

Full Name (Last, First, Middle Initial)
B. Capitol Theatre Center

Mailing Address 159 South Main Street

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

003
 Category/
 Type

Transaction ID: SB17-EX2958
 Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

1205.00

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

Solicitation and Fundrais-
 ing Expenses Fundraising

Full Name (Last, First, Middle Initial)
C. Mark and Rebecca Schaffer

Mailing Address 1501 Bass Lake Road

City Holly Springs State NC Zip Code 27540

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: SB17-EX2951
 Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

200.00

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

Administrative/Salary/Ove-
 head Expenses Rent

SUBTOTAL of Disbursements This Page (optional) ▶

1443.98

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Mark and Rebecca Schaffer

Mailing Address 1501 Bass Lake Road

City Holly Springs State NC Zip Code 27540

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2952
Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

200.00

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

Administrative/Salary/Ove-
rhead Expenses Rent

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

Mailing Address 2200 Beale Avenue

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2958
Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

133.00

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

Administrative/Salary/Ove-
rhead Expenses Utilities

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

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Expenditure

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: SB17-EX2941
Date of Disbursement

06 / 21 / 2004

Amount of Each Disbursement this Period

50.35

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

Administrative/Salary/Ove-
rhead Expenses Postage

SUBTOTAL of Disbursements This Page (optional) ▶

383.35

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Holliday Real Estate

Mailing Address 316 Newry Street

City Hollidaysburg State PA Zip Code 16848

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House
 Senate
 President

State: District

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

001
 Category/
 Type

Transaction ID: SB17-EX2942

Date of Disbursement

06 / 21 / 2004

Amount of Each Disbursement this Period

68.00

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

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

Full Name (Last, First, Middle Initial)

B. AT&T Wireless Services

Mailing Address PO 944039

City Maitland State FL Zip Code 32704

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House
 Senate
 President

State: District

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

001
 Category/
 Type

Transaction ID: SB17-EX2945

Date of Disbursement

06 / 10 / 2004

Amount of Each Disbursement this Period

446.23

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

Administrative/Salary/Ove-
 rhead Expenses Telephone

Full Name (Last, First, Middle Initial)

C. Splish Splash Auto Bath

Mailing Address 2341 N Old Route 220

City Duncansville State PA Zip Code 16835

Purpose of Disbursement
 Expenditure

Candidate Name

Office Sought: House
 Senate
 President

State: District

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

001
 Category/
 Type

Transaction ID: SB17-EX2946

Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

8.00

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

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

SUBTOTAL of Disbursements This Page (optional) ▶

522.23

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Martin's(Giant Food)

Mailing Address Store 17

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

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

002
Category/
Type

Transaction ID: SB17-EX2969
Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

92.51

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

Travel Expenses Meals

Full Name (Last, First, Middle Initial)
B. Martin's(Giant Food)

Mailing Address Store 17

City Altoona State PA Zip Code 16601

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

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

002
Category/
Type

Transaction ID: SB17-EX2970
Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

22.88

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

Travel Expenses Meals

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

Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

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

001
Category/
Type

Transaction ID: SB17-EX2947
Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

17.23

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

Administrative/Salary/Ove-
head Expenses Postage

SUBTOTAL of Disbursements This Page (optional) ▶

132.62

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

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

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

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 17464

City Baltimore State MD Zip Code 21297

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

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

001
Category/
Type

Transaction ID: SB17-EX2955

Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

92.74

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

Administrative/Salary/Ove-
rhead Expenses Telephone

Full Name (Last, First, Middle Initial)

B. IS2 Technologies, Inc.

Mailing Address 3018 Pleasant Valley Blvd

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

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

001
Category/
Type

Transaction ID: SB17-EX2958

Date of Disbursement

06 / 29 / 2004

Amount of Each Disbursement this Period

202.50

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

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

Full Name (Last, First, Middle Initial)

C. M&T Bank

Mailing Address 301 West Plank Road

City Altoona State PA Zip Code 16602

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

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

001
Category/
Type

Transaction ID: SB17-EX2963

Date of Disbursement

06 / 01 / 2004

Amount of Each Disbursement this Period

73.35

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

Bank Service Charge

SUBTOTAL of Disbursements This Page (optional) ▶

368.59

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

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

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

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

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)

A. Nancy J Pyle

Mailing Address 840 S Juliana Street

City Bedford State PA Zip Code 15522

Purpose of Disbursement
IN-KIND RECEIVED

Candidate Name

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

State: District

Category/
Type

Transaction ID: SB17-CN3B98

Date of Disbursement

04 / 14 / 2004

Amount of Each Disbursement this Period

355.56

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

In-Kind Received Beverages
for New Enterprise event

SUBTOTAL of Disbursements This Page (optional) ▶

355.56

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

338237.06

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
 for each category of the
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<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
 A. Penn's Woods Council #508

Mailing Address PO Box 352

City State Zip Code
 Tire Hill PA 15959

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

012
 Category/
 Type

Transaction ID: SB17-EX2864
 Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

100.00

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

Donations Promotional Tic-
 kets

Full Name (Last, First, Middle Initial)
 B. Blair Co Sports Hall of Fame

Mailing Address PO Box 1311

City State Zip Code
 Altoona PA 16603

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

012
 Category/
 Type

Transaction ID: SB17-EX2806
 Date of Disbursement

04 / 14 / 2004

Amount of Each Disbursement this Period

300.00

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

Donations Promotional Tic-
 kets

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

Mailing Address 1402 S. Atherton Street

City State Zip Code
 State College PA 16801

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

012
 Category/
 Type

Transaction ID: SB17-EX2852
 Date of Disbursement

05 / 03 / 2004

Amount of Each Disbursement this Period

275.00

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

Donations Donations

SUBTOTAL of Disbursements This Page (optional) ▶

675.00

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

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

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

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<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. C & M 55th Anniversary

Mailing Address 15109 Bitterroot Way

City State Zip Code
Rockville MD 20853

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

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

012
Category/
Type

Transaction ID: SB17-EX2853
Date of Disbursement

05 / 03 / 2004

Amount of Each Disbursement this Period

800.00

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

Donations Donations

Full Name (Last, First, Middle Initial)
B. Kiwanis Club of Indiana

Mailing Address 763 South Sixth Street

City State Zip Code
Indiana PA 15701

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

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

012
Category/
Type

Transaction ID: SB17-EX2853
Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

100.00

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

Donations Donations

Full Name (Last, First, Middle Initial)
C. Altoona Symphony Orchestra

Mailing Address PO Box 483

City State Zip Code
Altoona PA 16803

Purpose of Disbursement
Expenditure

Candidate Name

Office Sought: House Senate President
State: District

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

012
Category/
Type

Transaction ID: SB17-EX2890
Date of Disbursement

05 / 24 / 2004

Amount of Each Disbursement this Period

250.00

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

Donations Donations

SUBTOTAL of Disbursements This Page (optional) ▶

1150.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 131 / 202

17 20a 18 20b 19a 20c 19b 21

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

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Full Name (Last, First, Middle Initial)
A. Blair Co Chamber Of Commerce

Mailing Address Devorris Center-Suite 12
 3900 Industrial Park Dr
 City Altoona State PA Zip Code 16602

Purpose of Disbursement Expenditure
 Candidate Name
 Office Sought: House Senate President
 State: District
 Disbursement For: 2004
 Primary X General
 Other (specify) ▼

012
 Category/
 Type

Transaction ID: SB17-EX2929
 Date of Disbursement
 06 / 09 / 2004
 Amount of Each Disbursement this Period
 15.00
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
 Donations Promotional Tickets

Full Name (Last, First, Middle Initial)
B. Cecelia Parker

Mailing Address 7968 Lincoln Way West
 City Saint Thomas State PA Zip Code 17252

Purpose of Disbursement Expenditure
 Candidate Name
 Office Sought: House Senate President
 State: District
 Disbursement For: 2004
 Primary X General
 Other (specify) ▼

012
 Category/
 Type

Transaction ID: SB17-EX2931
 Date of Disbursement
 06 / 09 / 2004
 Amount of Each Disbursement this Period
 300.00
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
 Donations Donations

Full Name (Last, First, Middle Initial)
C. Cecelia Parker

Mailing Address 7968 Lincoln Way West
 City Saint Thomas State PA Zip Code 17252

Purpose of Disbursement Expenditure
 Candidate Name
 Office Sought: House Senate President
 State: District
 Disbursement For: 2004
 Primary X General
 Other (specify) ▼

012
 Category/
 Type

Transaction ID: SB17-EX2933
 Date of Disbursement
 06 / 09 / 2004
 Amount of Each Disbursement this Period
 30.00
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
 Donations Promotional Tickets

SUBTOTAL of Disbursements This Page (optional) ▶ **345.00**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

PAGE 132 / 202

<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. Cecelia Parker

Mailing Address 7968 Lincoln Way West

City State Zip Code
 Saint Thomas PA 17252

Purpose of Disbursement
 Expenditure

Candidate Name

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

State: District

012
 Category/
 Type

Transaction ID: SB17-EX2932

Date of Disbursement

06 / 09 / 2004

Amount of Each Disbursement this Period

46.92

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

Administrative/Salary/Ove-
 rhead Expenses Promotional
 Tickets

SUBTOTAL of Disbursements This Page (optional) ▶

46.92

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

2216.92

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 133 / 202

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

A. Brian L Mellott

Mailing Address 100 Mellott Drive
 Suite 100

City Warfordsburg State PA Zip Code 17267

Purpose of Disbursement
 Contribution Ref to Individual

Candidate Name

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

State: District

Category/
 Type

Transaction ID: SB20a-CR23

Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

1000.00

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

Refund of 04/08/04 Contri-
 bution

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 134 / 202
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Transaction ID: SC10-LN13

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

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

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

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 135 / 202
	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-LN8

LOAN SOURCE Full Name (Last, First, Middle Initial) Paul R Statler	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 2201 Catharine Street		
City Huntingdon State PA ZIP Code 16852		
Original Amount of Loan 1000.00	Cumulative Payment To Date 1000.00	Balance Outstanding at Close of This Period .00

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

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

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 136 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Transaction ID: SC10-LN9

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

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

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

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 137 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

Transaction ID: SC10-LN10

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

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

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

SUBTOTALS This Period This Page (optional)	▶	2000.00
TOTALS This Period (last page in this line only)	▶	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 138 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN11

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

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

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

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 130 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN12

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

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

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

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 140 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

Transaction ID: SC10-LN14

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

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

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

SUBTOTALS This Period This Page (optional)	2000.00
TOTALS This Period (last page in this line only)	12000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C-1

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 information found on
 Page 141 / 202 of Schedule C

Federal Election Commission, Washington, D.C. 20463

Name of Committee (in Full) Bill Shuster for Congress		FEC IDENTIFICATION NUMBER C00384935	
Back Ref ID: SC10-LN13			
LENDING INSTITUTION (LENDER) Full Name William Shuster	Amount of Loan 2000.00	Interest Rate (APR) 5.0000 %	
Mailing Address 8 Overlook Drive	Date Incurred or Established 04 20 2004	Date Due 20041231	
City Hollidaysburg	State PA	Zip Code 18648	
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred : 04 20 2004			
B. If line of credit. Amount of this Draw: .00 Total Outstanding balance : 2000.00			
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? .00 Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? .00	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: _____		Location of account Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. Candidates personal funds			
G. COMMITTEE TREASURER Typed Name Frederick A Ciocca Signature _____		DATE 04 20 2004	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name William Shuster Signature _____		DATE 04 20 2004	
Title _____			

SCHEDULE C-1

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 information found on
 Page 142 / 202 of Schedule C

Federal Election Commission, Washington, D.C. 20463

Name of Committee (in Full) Bill Shuster for Congress		FEC IDENTIFICATION NUMBER C00384935	
Back Ref ID: SC10-LN8			
LENDING INSTITUTION (LENDER) Full Name Paul R Statler	Amount of Loan 1000.00	Interest Rate (APR) 5.0000 %	
Mailing Address 2201 Catharine Street	Date Incurred or Established 04 19 2004	Date Due 20041231	
City Huntington	State Zip Code PA 18852		
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred : 04 19 2004			
B. If line of credit. Amount of this Draw: .00		Total Outstanding balance : .00	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? .00 Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? .00	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: _____		Location of account Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. Loan-family member personal funds			
G. COMMITTEE TREASURER Typed Name Frederick A Ciocca Signature _____		DATE 04 19 2004	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Paul R Statler Signature _____		DATE 04 19 2004	
Title _____			

SCHEDULE C-1

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 information found on
 Page 143 / 202 of Schedule C

Federal Election Commission, Washington, D.C. 20463

Name of Committee (in Full) Bill Shuster for Congress		FEC IDENTIFICATION NUMBER C00384935	
Back Ref ID: SC10-LN9			
LENDING INSTITUTION (LENDER) Full Name Kelly H Shuster	Amount of Loan 2000.00	Interest Rate (APR) 5.0000 %	
Mailing Address 320 N 30th Street	Date Incurred or Established 04 19 2004	Date Due 20041231	
City Camp Hill	State Zip Code PA 17011		
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred : 04 19 2004			
B. If line of credit. Amount of this Draw: .00		Total Outstanding balance : 2000.00	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? .00 Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? .00	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: _____		Location of account _____ Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. Loan-family member personal funds			
G. COMMITTEE TREASURER Typed Name Frederick A Ciocca Signature _____		DATE 04 19 2004	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Kelly H Shuster Signature _____		DATE 04 19 2004	
Title _____			

SCHEDULE C-1

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 information found on
 Page 144 / 202 of Schedule C

Federal Election Commission, Washington, D.C. 20463

Name of Committee (in Full) Bill Shuster for Congress		FEC IDENTIFICATION NUMBER C00384935	
Back Ref ID: SC10-LN10			
LENDING INSTITUTION (LENDER) Full Name Margaret A Statler	Amount of Loan 2000.00	Interest Rate (APR) 5.0000 %	
Mailing Address 2201 Catharine Street	Date Incurred or Established 04 20 2004	Date Due 20041231	
City Huntington	State PA	Zip Code 18852	
<p>A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred : 04 20 2004</p>			
<p>B. If line of credit. Amount of this Draw: .00 Total Outstanding balance : 2000.00</p>			
<p>C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)</p>			
<p>D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____</p>		<p>What is the value of this collateral? .00</p> <p>Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____</p>		<p>What is the estimated value? .00</p>	
<p>A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: _____</p>		<p>Location of account Address: _____ City, State, Zip: _____</p>	
<p>F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. Loan-family member personal funds</p>			
<p>G. COMMITTEE TREASURER Typed Name Frederick A Ciocca Signature _____</p>		<p>DATE 04 20 2004</p>	
<p>H. Attach a signed copy of the loan agreement.</p>			
<p>I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.</p>			
<p>AUTHORIZED REPRESENTATIVE Typed Name Margaret A Statler Signature _____</p>		<p>DATE 04 20 2004</p>	
<p>Title _____</p>			

SCHEDULE C-1

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 information found on
 Page 145 / 202 of Schedule C

Federal Election Commission, Washington, D.C. 20463

Name of Committee (in Full) Bill Shuster for Congress		FEC IDENTIFICATION NUMBER C00384935	
Back Ref ID: SC10-LN11			
LENDING INSTITUTION (LENDER) Full Name Deborah S King	Amount of Loan 2000.00	Interest Rate (APR) 5.0000 %	
Mailing Address 590 Garber Street	Date Incurred or Established 04 20 2004	Date Due 20041231	
City Hollidaysburg	State Zip Code PA 18648		
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred : 04 20 2004			
B. If line of credit. Amount of this Draw: .00		Total Outstanding balance : 2000.00	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? .00 Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? .00	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: _____		Location of account Address: City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. Loan to campaign committee			
G. COMMITTEE TREASURER Typed Name Frederick A Ciocca Signature _____		DATE 04 20 2004	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Deborah S King Signature _____		DATE 04 20 2004	
Title _____			

SCHEDULE C-1

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 information found on
 Page 148 / 202 of Schedule C

Federal Election Commission, Washington, D.C. 20463

Name of Committee (in Full) Bill Shuster for Congress		FEC IDENTIFICATION NUMBER C00384935	
Back Ref ID: SC10-LN12			
LENDING INSTITUTION (LENDER) Full Name Robert L Shuster	Amount of Loan 2000.00	Interest Rate (APR) 5.0000 %	
Mailing Address 320 N 30th Street	Date Incurred or Established 04 20 2004	Date Due 20041231	
City Camp Hill	State PA	Zip Code 17011	

A. Has loan been restructured? No Yes If yes, date originally incurred: 04 20 2004

B. If line of credit.
 Amount of this Draw: .00 Total Outstanding balance: 2000.00

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Sch. C)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral? .00
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value? .00

A depository account must be established pursuant to 11 CFR 100.82 and 100.142.
 Location of account: _____
 Date account established: _____ Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.
 Loan-family member personal funds

G. COMMITTEE TREASURER Typed Name Frederick A Ciocca Signature _____	DATE 04 20 2004
--	--------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Robert L Shuster Signature _____		DATE 04 20 2004
Title _____		

SCHEDULE C-1

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 information found on
 Page 147 / 202 of Schedule C

Federal Election Commission, Washington, D.C. 20463

Name of Committee (in Full) Bill Shuster for Congress		FEC IDENTIFICATION NUMBER C00384935	
Back Ref ID: SC10-LN14			
LENDING INSTITUTION (LENDER) Full Name Virginia L Dixon		Amount of Loan 2000.00	Interest Rate (APR) 5.0000 %
Mailing Address 105 Aldrich Avenue		Date Incurred or Established 04 20 2004	
City Alltoona	State Zip Code PA 18802	Date Due 20041231	
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred : 04 20 2004			
B. If line of credit. Amount of this Draw: .00		Total Outstanding balance :	2000.00
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? .00	Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value?	.00
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: _____		Location of account _____ Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. Loan-family member personal funds			
G. COMMITTEE TREASURER Typed Name Frederick A Ciocca Signature _____		DATE 04 20 2004	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Virginia L Dixon Signature _____		DATE 04 20 2004	
Title _____			

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 148 / 202
	FOR LINE NUMBER: <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greener And Hook		Nature of Debt (Purpose): Invoice: Invoice 2004-04-98 TV shoot Adv	
Mailing Address 1875 Eye Street NW Suite 540			
City Washington	State DC	ZIP Code 20008	
Outstanding Balance Beginning This Period 10039.39		Transaction ID: SD10-INV2736	
Amount Incurred This Period .00	Payment This Period 8000.00	Outstanding Balance at Close of This Period 2039.39	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Tarrance Group		Nature of Debt (Purpose): Invoice: Survey of attitudes Invoice 446	
Mailing Address 201 North Union Street Suite 410			
City Alexandria	State VA	ZIP Code 22314	
Outstanding Balance Beginning This Period 7977.00		Transaction ID: SD1D-INV2734	
Amount Incurred This Period .00	Payment This Period 7000.00	Outstanding Balance at Close of This Period 977.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kathy's Deli		Nature of Debt (Purpose): Invoice: Catering Invoice 1445 Solitcat	
Mailing Address 891 West King Street Suite C			
City Shippensburg	State PA	ZIP Code 17257	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV2988	
Amount Incurred This Period 4853.33	Payment This Period 145.00	Outstanding Balance at Close of This Period 4858.33	

1) SUBTOTALS This Period This Page (optional)	7704.72
2) TOTALS This Period (last page this line number only)	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invoice: 04-BS-009 No vot- e/Military Adve	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City	State	ZIP Code	
Malvern	PA	19355	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2860	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
5685.00	1750.00	9935.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invoice: 04-BS-010 Milita- ry/Disab. Adver	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City	State	ZIP Code	
Malvern	PA	19355	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2861	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
5685.00	.00	5685.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pathfinder Communications, LLC		Nature of Debt (Purpose): Invoice: 04-BS-011 Contra- st Advertising	
Mailing Address 603 Swedesford Road Swedesford Corporate Center			
City	State	ZIP Code	
Malvern	PA	19355	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2862	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
7135.00	.00	7135.00	

1) SUBTOTALS This Period THs Page (optional)	▶	16755.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 150 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Haube on the Hill		Nature of Debt (Purpose): Invoice: Fundraiser event Solicitation a	
Mailing Address PO Box 912			
City	State	ZIP Code	
Great Falls	VA	22068	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2791	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1084.58	772.00	312.58	

1) SUBTOTALS This Period This Page (optional)	▶	12857.58
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 151 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor No. 1 Chinese Restaurant		Nature of Debt (Purpose): Invoice: Meals 3.5.04 Travel Expenses	
Mailing Address 3309 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2792	
Amount Incurred This Period 15.00	Payment This Period .00	Outstanding Balance at Close of This Period 15.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tortilla Coast		Nature of Debt (Purpose): Invoice: Meals 3.4.04 Travel Expenses	
Mailing Address 400 First Street SE			
City Washington	State DC	ZIP Code 20001	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2793	
Amount Incurred This Period 25.00	Payment This Period .00	Outstanding Balance at Close of This Period 25.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Exxon		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 542 South Center Street			
City Ebensburg	State PA	ZIP Code 15831	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2794	
Amount Incurred This Period 19.30	Payment This Period .00	Outstanding Balance at Close of This Period 19.30	

1) SUBTOTALS This Period This Page (optional)	▶	59.30
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

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

FOR LINE NUMBER:
 (check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Courtyard By Marriott		Nature of Debt (Purpose): Invoice: Room charges 3.5- .04 Travel Expe	
Mailing Address 2 Convention Center Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2795	
.00			
Amount Incurred This Period		Payment This Period	
60.70		.00	
		Outstanding Balance at Close of This Period	
		60.70	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Capital Grille		Nature of Debt (Purpose): Invoice: Meals 3.10.04 Tr- avel Expenses	
Mailing Address 601 Pennsylvania Avenue, NW			
City	State	ZIP Code	
Washington	DC	20004	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2796	
.00			
Amount Incurred This Period		Payment This Period	
136.15		.00	
		Outstanding Balance at Close of This Period	
		136.15	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Of Representatives		Nature of Debt (Purpose): Invoice: Gift-Cufflinks Administrative/S	
Mailing Address House Gift Shop B-217 Longworth Bldg			
City	State	ZIP Code	
Washington	DC	20515	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2797	
.00			
Amount Incurred This Period		Payment This Period	
9.00		.00	
		Outstanding Balance at Close of This Period	
		9.00	

1) SUBTOTALS This Period This Page (optional)	▶	205.85
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 153 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Opinion Newspaper		Nature of Debt (Purpose): Invoice: Newspaper Administrative/Salary	
Mailing Address PO Box 499			
City	State	ZIP Code	
Chambersburg	PA	17201	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2798	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
8.70	.00	8.70	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Exxon		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary	
Mailing Address 542 South Center Street			
City	State	ZIP Code	
Ebensburg	PA	15631	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2799	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
29.00	.00	29.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amoco		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary	
Mailing Address RD 2 Box 12C			
City	State	ZIP Code	
Bedford	PA	15522	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2800	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
30.41	.00	30.41	

1) SUBTOTALS This Period This Page (optional)	▶	68.11
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 154 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2801	
Amount Incurred This Period 23.08	Payment This Period .00	Outstanding Balance at Close of This Period 23.08	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Orchards		Nature of Debt (Purpose): Invoice: 3.22.04 fundraising event Split	
Mailing Address 1580 Orchard Drive			
City Chambersburg	State PA	ZIP Code 17201	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2802	
Amount Incurred This Period 4513.80	Payment This Period .00	Outstanding Balance at Close of This Period 4513.80	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dream Restaurant		Nature of Debt (Purpose): Invoice: Meals 3.23.04 Travel Expenses	
Mailing Address 1500 Allegheny Street			
City Hollidaysburg	State PA	ZIP Code 16848	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2803	
Amount Incurred This Period 20.48	Payment This Period .00	Outstanding Balance at Close of This Period 20.48	

1) SUBTOTALS This Period This Page (optional)	▶	4557.34
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 155 / 202
	FOR LINE NUMBER: <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Courtyard By Marriott		Nature of Debt (Purpose): Invoice: Room 3.22.04 Travel Expenses	
Mailing Address 2 Convention Center Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2804	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
118.81	.00	118.81	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kinkos Copies		Nature of Debt (Purpose): Invoice: Copies made Administrative/Sala	
Mailing Address 204 Michigan Avenue NE			
City	State	ZIP Code	
Washington	DC	20017	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2805	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
85.28	.00	85.28	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Exxon		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 542 South Center Street			
City	State	ZIP Code	
Ebensburg	PA	15831	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2806	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
27.79	.00	27.79	

1) SUBTOTALS This Period This Page (optional)	▶	231.88
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 156 / 202
	FOR LINE NUMBER: <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples-291 Altoona		Nature of Debt (Purpose): Invoice: Various office expenses Adminis	
Mailing Address Plank Road/Orchard Plaza			
City Altoona State PA ZIP Code 16602			
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV2763	
Amount Incurred This Period 34.08	Payment This Period .00	Outstanding Balance at Close of This Period 34.08	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona State PA ZIP Code 16602			
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV2759	
Amount Incurred This Period 27.00	Payment This Period 17.72	Outstanding Balance at Close of This Period 9.28	

1) SUBTOTALS This Period This Page (optional)	▶	8020.36
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 157 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2760	
Amount Incurred This Period 32.30	Payment This Period .00	Outstanding Balance at Close of This Period 32.30	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pine Grill Inc		Nature of Debt (Purpose): Invoice: Meals 3.18 Travel Expenses	
Mailing Address 800 N Center Avenue			
City Somerset	State PA	ZIP Code 15501	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV2761	
Amount Incurred This Period 29.70	Payment This Period .00	Outstanding Balance at Close of This Period 29.70	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dream Restaurant		Nature of Debt (Purpose): Invoice: Meals 3.23.04 Travel Expenses	
Mailing Address 1500 Allegheny Street			
City Hollidaysburg	State PA	ZIP Code 16848	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV2764	
Amount Incurred This Period 53.42	Payment This Period .00	Outstanding Balance at Close of This Period 53.42	

1) SUBTOTALS This Period This Page (optional)	▶	115.42
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 158 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Microsoft Online Services		Nature of Debt (Purpose): Invoice: Internet services Administrativ	
Mailing Address One Microsoft Way			
City State ZIP Code Redmond WA 98052			
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2765	
Amount Incurred This Period 19.95	Payment This Period .00	Outstanding Balance at Close of This Period 19.95	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: Meals 3.31.04 Travel Expenses	
Mailing Address Street Required			
City State ZIP Code Washington DC 20515			
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV2766	
Amount Incurred This Period 9.95	Payment This Period .00	Outstanding Balance at Close of This Period 9.95	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Haube on the Hill		Nature of Debt (Purpose): Invoice: Fundraiser catering Solicitatio	
Mailing Address PO Box 912			
City State ZIP Code Great Falls VA 22068			
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV2767	
Amount Incurred This Period 1223.16	Payment This Period .00	Outstanding Balance at Close of This Period 1223.16	

1) SUBTOTALS This Period This Page (optional)	▶	1253.06
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 159 / 202
	FOR LINE NUMBER: <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Confertal		Nature of Debt (Purpose): Invoice: Phone services Administrative/	
Mailing Address 2385 Camino Vida Roble Suite 112			
City Carlsbad State CA ZIP Code 92009			
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2768	
Amount Incurred This Period 159.80	Payment This Period .00	Outstanding Balance at Close of This Period 159.80	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Postal Service		Nature of Debt (Purpose): Invoice: 3.12.04 mailing Administrative/	
Mailing Address 525 Allegheny Street			
City Hollidaysburg State PA ZIP Code 16648			
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV2769	
Amount Incurred This Period 222.00	Payment This Period .00	Outstanding Balance at Close of This Period 222.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Postal Service		Nature of Debt (Purpose): Invoice: 3.12.04 mailing Administrative/	
Mailing Address 525 Allegheny Street			
City Hollidaysburg State PA ZIP Code 16648			
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV2770	
Amount Incurred This Period 88.68	Payment This Period .00	Outstanding Balance at Close of This Period 88.68	

1) SUBTOTALS This Period This Page (optional)	▶	470.48
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc			Nature of Debt (Purpose): Invoice: Mugs for Speaker Administrative		
Mailing Address 5700 Sixth Avenue					
City	State	ZIP Code			
Altoona	PA	16802			
Outstanding Balance Beginning This Period			Transaction ID: SD10-INV2771		
.00					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
5.71		.00	5.71		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor A.C. Moore			Nature of Debt (Purpose): Invoice: supplies for Spe- aker event Admi		
Mailing Address 518-520 W. Plank Road					
City	State	ZIP Code			
Altoona	PA	16802			
Outstanding Balance Beginning This Period			Transaction ID: SD1D-INV2772		
.00					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
41.35		.00	41.35		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allegro Restaurant			Nature of Debt (Purpose): Invoice: Gift certificates Travel Expens		
Mailing Address 3928 Broad Avenue					
City	State	ZIP Code			
Altoona	PA	16801			
Outstanding Balance Beginning This Period			Transaction ID: SD1D-INV2773		
.00					
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
70.00		.00	70.00		

1) SUBTOTALS This Period This Page (optional)	▶	117.06
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 181 / 202
	FOR LINE NUMBER: <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Curve Baseball LP		Nature of Debt (Purpose): Invoice: Gifts Administrative/Salary/Ovr	
Mailing Address 1000 Park Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2774	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
65.97	.00	65.97	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eckerd Drug		Nature of Debt (Purpose): Invoice: Film developed Administrative/S	
Mailing Address 3331 Pleasant Valley			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2775	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
23.70	.00	23.70	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Red Lobster		Nature of Debt (Purpose): Invoice: Gift certificates Travel Expens	
Mailing Address 3330 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2776	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
40.00	.00	40.00	

1) SUBTOTALS This Period This Page (optional)	▶	129.67
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 182 / 202
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Postal Service		Nature of Debt (Purpose): Invoice: Stamps for mailings Administrat	
Mailing Address 525 Allegheny Street			
City Hollidaysburg State PA ZIP Code 16848			
Outstanding Balance Beginning This Period .00	Transaction ID: SD10-INV2777		
Amount Incurred This Period 1850.00	Payment This Period .00	Outstanding Balance at Close of This Period 1850.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples-291 Altoona		Nature of Debt (Purpose): Invoice: Various office supplies Adminis	
Mailing Address Plank Road/Orchard Plaza			
City Altoona State PA ZIP Code 16602			
Outstanding Balance Beginning This Period .00	Transaction ID: SD1D-INV277B		
Amount Incurred This Period 24.18	Payment This Period .00	Outstanding Balance at Close of This Period 24.18	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eckerd Drug		Nature of Debt (Purpose): Invoice: Film developed Administrative/S	
Mailing Address 3331 Pleasant Valley			
City Altoona State PA ZIP Code 16602			
Outstanding Balance Beginning This Period .00	Transaction ID: SD1D-INV2779		
Amount Incurred This Period 12.08	Payment This Period .00	Outstanding Balance at Close of This Period 12.08	

1) SUBTOTALS This Period This Page (optional)	▶	1886.24
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 183 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wick Copy Center		Nature of Debt (Purpose): Invoice: Copies and fold Administrative/	
Mailing Address 503 E Plank Road			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2780	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
79.29	.00	79.29	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wick Copy Center		Nature of Debt (Purpose): Invoice: copies and fold Administrative/	
Mailing Address 503 E Plank Road			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2781	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
72.08	.00	72.08	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jethros		Nature of Debt (Purpose): Invoice: Gift Certificate Travel Expense	
Mailing Address 417 Parkview Lane			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2782	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
40.00	.00	40.00	

1) SUBTOTALS This Period This Page (optional)	▶	191.37
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 184 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Olive Garden		Nature of Debt (Purpose): Invoice: 3,30.04 lunch meeting Travel Ex	
Mailing Address 3315 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2783	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
167.43	.00	167.43	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keystone Novelty		Nature of Debt (Purpose): Invoice: Decorations Administrative/Sala	
Mailing Address 1315 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2784	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
21.80	.00	21.80	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples-291 Altoona		Nature of Debt (Purpose): Invoice: Various office supplies Adminis	
Mailing Address Plank Road/Orchard Plaza			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2785	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
231.67	.00	231.67	

1) SUBTOTALS This Period This Page (optional)	▶	420.70
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 165 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Postal Express		Nature of Debt (Purpose): Invoice: mailing service Administrative/	
Mailing Address 301 Union Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2786	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
14.18	.00	14.18	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Party Time Rentals		Nature of Debt (Purpose): Invoice: Lectern rental Administrative/S	
Mailing Address 420 Blair Street			
City	State	ZIP Code	
Hollidaysburg	PA	16648	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2787	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
81.20	.00	81.20	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wick Copy Center		Nature of Debt (Purpose): Invoice: Copies made Admi- nistrative/Sala	
Mailing Address 503 E Plank Road			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2788	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
69.98	.00	69.98	

1) SUBTOTALS This Period This Page (optional)	▶	165.34
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 186 / 202
	FOR LINE NUMBER: <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Copy Rite		Nature of Debt (Purpose): Invoice: Copies made Administrative/Sala	
Mailing Address 301 Allegheny Street			
City	State	ZIP Code	
Hollidaysburg	PA	16848	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2789	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
203.52	.00	203.52	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Curve Baseball LP		Nature of Debt (Purpose): Invoice: Gifts Administrative/Salary/Ove	
Mailing Address 1000 Park Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV279D	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
200.00	.00	200.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greener And Hook		Nature of Debt (Purpose): Invoice: Radio/TV advertising 2004-05-12	
Mailing Address 1875 Eye Street NW Suite 540			
City	State	ZIP Code	
Washington	DC	20008	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2981	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
9539.24	.00	9539.24	

1) SUBTOTALS This Period This Page (optional)	▶	9942.76
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 187 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ciocca Benton & Company, P.C.		Nature of Debt (Purpose): Invoice: 2.8.04 to 4.16.04 services Admi	
Mailing Address PO Box 1473			
City	State	ZIP Code	
Altoona	PA	16803	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2867	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
7548.10	4500.00	9048.10	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Tarrance Group		Nature of Debt (Purpose): Invoice: Invoice 4523 sur- vey Polling Exp	
Mailing Address 201 North Union Street Suite 410			
City	State	ZIP Code	
Alexandria	VA	22314	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV299D	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
16835.00	.00	16835.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Altoona Mirror		Nature of Debt (Purpose): Invoice: newspapers Admin- istrative/Salar	
Mailing Address PO Box 200B			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2964	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
25.00	.00	25.00	

1) SUBTOTALS This Period This Page (optional)	▶	19908.10
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 188 / 202
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. House Members Dine		Nature of Debt (Purpose): Invoice: 5.5 Travel Expenses	
Mailing Address Street Required			
City Washington	State DC	ZIP Code 20515	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2965	
Amount Incurred This Period 73.60	Payment This Period .00	Outstanding Balance at Close of This Period 73.60	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV2966	
Amount Incurred This Period 10.01	Payment This Period .00	Outstanding Balance at Close of This Period 10.01	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV2967	
Amount Incurred This Period 10.15	Payment This Period .00	Outstanding Balance at Close of This Period 10.15	

1) SUBTOTALS This Period This Page (optional)	▶	93.76
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
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(Use separate schedule(s) for each numbered line)	PAGE 189 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Papa John's Pizza		Nature of Debt (Purpose): Invoice: meals for volunteers Travel Exp	
Mailing Address 3014 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2968	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
18.95	.00	18.95	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Papa John's Pizza		Nature of Debt (Purpose): Invoice: meals for volunteers Travel Exp	
Mailing Address 3014 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2969	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
18.95	.00	18.95	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Papa John's Pizza		Nature of Debt (Purpose): Invoice: meals for volunteers Travel Exp	
Mailing Address 3014 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2970	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
18.95	.00	18.95	

1) SUBTOTALS This Period This Page (optional)	▶	54.85
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 170 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wick Copy Center		Nature of Debt (Purpose): Invoice: copies Administ-rative/Salary/O	
Mailing Address 503 E Plank Road			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2971	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
4.58	.00	4.58	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Papa John's Pizza		Nature of Debt (Purpose): Invoice: meals for volunt-eers Travel Exp	
Mailing Address 3014 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2972	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
29.43	.00	29.43	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allegro Restaurant		Nature of Debt (Purpose): Invoice: 4.15 Travel Expe-nses	
Mailing Address 3928 Broad Avenue			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2973	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
30.00	.00	30.00	

1) SUBTOTALS This Period This Page (optional)	▶	63.99
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 171 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keystone Novelty		Nature of Debt (Purpose): Invoice: decorations Administrative/Sala	
Mailing Address 1315 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2974	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
28.05	.00	28.05	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pizzeria Uno		Nature of Debt (Purpose): Invoice: Gift Certificate Travel Expense	
Mailing Address 17734 Garland Groh Blvd			
City	State	ZIP Code	
Hagerstown	MD	21740	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2975	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
30.00	.00	30.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples-291 Altoona		Nature of Debt (Purpose): Invoice: various office supplies Adminis	
Mailing Address Plank Road/Orchard Plaza			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2976	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
54.95	.00	54.95	

1) SUBTOTALS This Period This Page (optional)	▶	113.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 172 / 202
	FOR LINE NUMBER: <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: miscellaneous Administrative/Sa	
Mailing Address One Sheraton Drive			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2977	
Amount Incurred This Period 20.00	Payment This Period .00	Outstanding Balance at Close of This Period 20.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Curve Baseball LP		Nature of Debt (Purpose): Invoice: Gifts Administrative/Salary/Ove	
Mailing Address 1000 Park Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2978	
Amount Incurred This Period 60.00	Payment This Period .00	Outstanding Balance at Close of This Period 60.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keystone Novelty		Nature of Debt (Purpose): Invoice: decorations Administrative/Sala	
Mailing Address 1315 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2979	
Amount Incurred This Period 8.35	Payment This Period .00	Outstanding Balance at Close of This Period 8.35	

1) SUBTOTALS This Period This Page (optional)	▶	86.35
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 173 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keystone Novelty		Nature of Debt (Purpose): Invoice: decorations Administrative/Sala	
Mailing Address 1315 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2980	
Amount Incurred This Period 21.65	Payment This Period .00	Outstanding Balance at Close of This Period 21.65	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fiore True Value Hardware		Nature of Debt (Purpose): Invoice: supplies Administrative/Salary/	
Mailing Address 5514 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2981	
Amount Incurred This Period 63.60	Payment This Period .00	Outstanding Balance at Close of This Period 63.60	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fiore True Value Hardware		Nature of Debt (Purpose): Invoice: supplies Administrative/Salary/	
Mailing Address 5514 Sixth Avenue			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2982	
Amount Incurred This Period 45.79	Payment This Period .00	Outstanding Balance at Close of This Period 45.79	

1) SUBTOTALS This Period This Page (optional)	▶	131.04
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 174 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Papa John's Pizza		Nature of Debt (Purpose): Invoice: meals for volunteers Travel Exp	
Mailing Address 3D14 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2983	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
21.01	.00	21.01	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wick Copy Center		Nature of Debt (Purpose): Invoice: copies Administrative/Salary/Ov	
Mailing Address 5D3 E Plank Road			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2984	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
5.25	.00	5.25	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Papa John's Pizza		Nature of Debt (Purpose): Invoice: meals for volunteers Travel Exp	
Mailing Address 3D14 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2985	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
31.21	.00	31.21	

1) SUBTOTALS This Period This Page (optional)	▶	57.47
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 175 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keystone Novelty		Nature of Debt (Purpose): Invoice: decorations Administrative/Sala	
Mailing Address 1315 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2986	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
68.88	.00	68.88	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fiore True Value Hardware		Nature of Debt (Purpose): Invoice: equipment rental Administrative	
Mailing Address 5514 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2987	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
122.49	.00	122.49	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cracker Barrel		Nature of Debt (Purpose): Invoice: 4.15 Travel Expenses	
Mailing Address 100 Charlotte Drive			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3002	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
33.98	.00	33.98	

1) SUBTOTALS This Period This Page (optional)	▶	225.33
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 176 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Postal Service		Nature of Debt (Purpose): Invoice: 4.15 mailing Administrative/Sal	
Mailing Address 525 Allegheny Street			
City Hollidaysburg	State PA	ZIP Code 16648	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3004	
Amount Incurred This Period 17.85	Payment This Period .00	Outstanding Balance at Close of This Period 17.85	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Postal Service		Nature of Debt (Purpose): Invoice: 4.21 mailing Administrative/Sal	
Mailing Address 525 Allegheny Street			
City Hollidaysburg	State PA	ZIP Code 16648	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3005	
Amount Incurred This Period 17.85	Payment This Period .00	Outstanding Balance at Close of This Period 17.85	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T Wireless Services		Nature of Debt (Purpose): Invoice: phone equipment Administrative/	
Mailing Address PO 944039			
City Maitland	State FL	ZIP Code 32794	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2961	
Amount Incurred This Period 180.52	Payment This Period .00	Outstanding Balance at Close of This Period 180.52	

1) SUBTOTALS This Period This Page (optional)	▶	216.22
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunoco		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 1700 Seventh Avenue			
City	State	ZIP Code	
Allaona	PA	18802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2917	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
33.39	.00	33.39	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tortilla Coast		Nature of Debt (Purpose): Invoice: 04.02.04 meals Travel Expenses	
Mailing Address 400 First Street SE			
City	State	ZIP Code	
Washington	DC	20001	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2918	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
28.50	.00	28.50	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Radio Shack		Nature of Debt (Purpose): Invoice: 04.08.04 supplies Administrativ	
Mailing Address Plank Road Commons 2764 Old Rte 220			
City	State	ZIP Code	
Allaona	PA	18801	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2919	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
15.32	.00	15.32	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Exxon		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 542 South Center Street			
City	State	ZIP Code	
Ebensburg	PA	15831	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2920	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
21.41	.00	21.41	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Papa John's Pizza		Nature of Debt (Purpose): Invoice: meals for volunteers Travel Exp	
Mailing Address 3014 Pleasant Valley Blvd			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2921	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
12.53	.00	12.53	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amoco		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address RD 2 Box 12C			
City	State	ZIP Code	
Bedford	PA	15522	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2922	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
31.50	.00	31.50	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

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

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 180 / 202
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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

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

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

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

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DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.25 Travel Expenses	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16601	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2933	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
84.00	.00	84.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2934	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
25.01	.00	25.01	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

9
 10

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Outback Steakhouse			Nature of Debt (Purpose): Invoice: 4.24 Travel Expenses
Mailing Address 100 Sheraton Drive			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period .00			Transaction ID: SD1D-INV2936
Amount Incurred This Period 488.77	Payment This Period .00	Outstanding Balance at Close of This Period 488.77	

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

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

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DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 184 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Commonwealth Bank		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 0537			
City	State	ZIP Code	
Indiana	PA	15701	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2939	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
127.35	.00	127.35	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Late payment fee Administrative	
Mailing Address Account Address			
City	State	ZIP Code	
Indiana	PA	00000	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2940	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
35.00	.00	35.00	

1) SUBTOTALS This Period This Page (optional)	▶	181.48
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 185 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Finance charges Administrative/	
Mailing Address Account Address			
City	State	ZIP Code	
Indiana	PA	00000	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2941	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
61.44	.00	61.44	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2942	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
28.30	.00	28.30	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Miners Rest		Nature of Debt (Purpose): Invoice: 4.16 Travel Expe- nses	
Mailing Address 807 Fourth Avenue			
City	State	ZIP Code	
Pattan	PA	16868	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV2943	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
90.00	.00	90.00	

1) SUBTOTALS This Period This Page (optional)	▶	179.74
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

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

FOR LINE NUMBER:
 (check only one)

9
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Texaco Inc		Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/	
Mailing Address 123 Path Valley Road			
City Fort Loudon	State PA	ZIP Code 17224	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2944	
Amount Incurred This Period 32.20	Payment This Period .00	Outstanding Balance at Close of This Period 32.20	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Red Lobster		Nature of Debt (Purpose): Invoice: 4.25 Campaign st- aff Travel Expe	
Mailing Address 3330 Pleasant Valley Blvd			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV2945	
Amount Incurred This Period 100.00	Payment This Period .00	Outstanding Balance at Close of This Period 100.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/	
Mailing Address 5700 Sixth Avenue			
City Altoona	State PA	ZIP Code 16602	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV2946	
Amount Incurred This Period 24.40	Payment This Period .00	Outstanding Balance at Close of This Period 24.40	

1) SUBTOTALS This Period This Page (optional)	▶	156.60
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capitol Hill Club		Nature of Debt (Purpose): Invoice: March meals Travel Expenses	
Mailing Address 300 First Street SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2947	
Amount Incurred This Period 109.63	Payment This Period .00	Outstanding Balance at Close of This Period 109.63	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Radio Shack		Nature of Debt (Purpose): Invoice: office supplies Administrative	
Mailing Address Plank Road Commons 2764 Old Rte 220			
City Altoona	State PA	ZIP Code 16601	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2949	
Amount Incurred This Period 20.87	Payment This Period .00	Outstanding Balance at Close of This Period 20.87	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Microsoft Online Services		Nature of Debt (Purpose): Invoice: Internet service Administrative	
Mailing Address One Microsoft Way			
City Redmond	State WA	ZIP Code 98052	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2950	
Amount Incurred This Period 10.38	Payment This Period .00	Outstanding Balance at Close of This Period 10.38	

1) SUBTOTALS This Period This Page (optional)	▶	140.88
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 188 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples-291 Altoona		Nature of Debt (Purpose): Invoice: various office supplies Adminis	
Mailing Address Plank Road/Orchard Plaza			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV2951	
Amount Incurred This Period 77.01	Payment This Period .00	Outstanding Balance at Close of This Period 77.01	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bi-Lo Foods		Nature of Debt (Purpose): Invoice: supplies for vol-unteers Adminis	
Mailing Address Orchard Plaza			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV2953	
Amount Incurred This Period 80.13	Payment This Period .00	Outstanding Balance at Close of This Period 80.13	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Outback Steakhouse		Nature of Debt (Purpose): Invoice: 4.24 Travel Expenses	
Mailing Address 100 Sheraton Drive			
City Altoona	State PA	ZIP Code 16802	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV2954	
Amount Incurred This Period 57.40	Payment This Period .00	Outstanding Balance at Close of This Period 57.40	

1) SUBTOTALS This Period This Page (optional)	▶	194.54
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 189 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunoco		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 1700 Seventh Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2955	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
21.74	.00	21.74	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wendys		Nature of Debt (Purpose): Invoice: food for volunteers Travel Expe	
Mailing Address Plank Road			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2956	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
80.31	.00	80.31	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2957	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
42.98	.00	42.98	

1) SUBTOTALS This Period This Page (optional)	▶	145.01
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TGI Fridays		Nature of Debt (Purpose): Invoice: 4.27 Travel Expenses	
Mailing Address Plank Road			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2958	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
53.48	.00	53.48	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TGI Fridays		Nature of Debt (Purpose): Invoice: 4.27 Travel Expenses	
Mailing Address Plank Road			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2959	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
239.44	.00	239.44	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2960	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
59.24	.00	59.24	

1) SUBTOTALS This Period This Page (optional)	▶	352.16
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Zachs Sports And Spirits		Nature of Debt (Purpose): Invoice: 4.28 Travel Expenses	
Mailing Address 5820 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2962	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
50.25	.00	50.25	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Confertel		Nature of Debt (Purpose): Invoice: phone conference Administrative	
Mailing Address 2385 Camino Vida Roble Suite 112			
City	State	ZIP Code	
Carlsbad	CA	92009	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2963	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
501.80	.00	501.80	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Greener And Hook		Nature of Debt (Purpose): Invoice: June retainer et- c. 2004-06-160	
Mailing Address 1875 Eye Street NW Suite 540			
City	State	ZIP Code	
Washington	DC	20008	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV2982	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
14718.37	.00	14718.37	

1) SUBTOTALS This Period This Page (optional)	▶	15270.22
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capital Hill Suites		Nature of Debt (Purpose): Invoice: 5.18 Travel Expenses	
Mailing Address 200 C Street, SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3035	
Amount Incurred This Period 187.15	Payment This Period .00	Outstanding Balance at Close of This Period 187.15	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Confertel		Nature of Debt (Purpose): Invoice: 6.3 Administrative/Salary/Overh	
Mailing Address 2385 Camino Vida Roble Suite 112			
City Carlsbad	State CA	ZIP Code 92009	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV3036	
Amount Incurred This Period 3.40	Payment This Period .00	Outstanding Balance at Close of This Period 3.40	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wyndham Garden Hotel		Nature of Debt (Purpose): Invoice: 6.5 Travel Expenses	
Mailing Address 765 Eisenhower Blvd			
City Harrisburg	State PA	ZIP Code 17111	
Outstanding Balance Beginning This Period .00		Transaction ID: SD1D-INV3037	
Amount Incurred This Period 43.50	Payment This Period .00	Outstanding Balance at Close of This Period 43.50	

1) SUBTOTALS This Period This Page (optional)	▶	234.05
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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FOR LINE NUMBER:
(check only one)

9
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hoss's Steak And Sea		Nature of Debt (Purpose): Invoice: 5.26 Travel Expenses	
Mailing Address Wye Switches			
City	State	ZIP Code	
Duncansville	PA	16835	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3038	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
105.09	.00	105.09	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FedEx Express		Nature of Debt (Purpose): Invoice: 5.6 mailing Administrative/Sala	
Mailing Address PO Box 371481			
City	State	ZIP Code	
Pittsburgh	PA	15250	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3009	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
14.08	.00	14.08	

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

1) SUBTOTALS This Period This Page (optional)	▶	164.59
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 194 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor US Hotel Restaurant		Nature of Debt (Purpose): Invoice: 5.10 meal Travel Expenses	
Mailing Address 401 South Juniata Street			
City Hollidaysburg	State PA	ZIP Code 16848	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3011	
Amount Incurred This Period 91.37	Payment This Period .00	Outstanding Balance at Close of This Period 91.37	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allegro Restaurant		Nature of Debt (Purpose): Invoice: Staff 5.24 Travel Expenses	
Mailing Address 3926 Broad Avenue			
City Altoona	State PA	ZIP Code 16801	
Outstanding Balance Beginning This Period .00		Transaction ID: SD10-INV3013	
Amount Incurred This Period 679.28	Payment This Period .00	Outstanding Balance at Close of This Period 679.28	

1) SUBTOTALS This Period This Page (optional)	▶	812.61
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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Bill Shuster for Congress

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numbered line)

FOR LINE NUMBER:
(check only one)

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Commonwealth Bank		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address PO Box 0537			
City	State	ZIP Code	
Indiana	PA	15701	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3015	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
147.22	.00	147.22	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.28 stay Travel Expenses	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Alltona	PA	18801	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3019	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
817.50	.00	817.50	

1) SUBTOTALS This Period This Page (optional)	▶	1047.47
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

Bill Shuster for Congress

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

FOR LINE NUMBER: (check only one)

9
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: 4.27 to 4.28 Travel Expenses	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3020	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2061.53	.00	2061.53	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: Room/Catering etc Campaign Even	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3021	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2625.83	.00	2625.83	

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

1) SUBTOTALS This Period This Page (optional)	▶	4850.86
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

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

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

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NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ramada Inn		Nature of Debt (Purpose): Invoice: Hospitality room Campaign Event	
Mailing Address One Sheraton Drive			
City	State	ZIP Code	
Altoona	PA	16801	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3026	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
190.75	.00	190.75	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Late payment fee Administrative	
Mailing Address Account Address			
City	State	ZIP Code	
Altoona	PA	00000	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3028	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
35.00	.00	35.00	

1) SUBTOTALS This Period This Page (optional)	▶	307.50
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 199 / 202
	FOR LINE NUMBER: <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Finance charge Administrative/S	
Mailing Address Account Address			
City	State	ZIP Code	
Altoona	PA	00000	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3029	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
130.64	.00	130.64	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV303D	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
34.00	.00	34.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Adminis- trative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16602	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3031	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
35.70	.00	35.70	

1) SUBTOTALS This Period This Page (optional)	▶	200.34
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Bill Shuster for Congress

(Use separate schedule(s) for each numbered line)	PAGE 200 / 202
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sheetz Inc		Nature of Debt (Purpose): Invoice: Gasoline Administrative/Salary/	
Mailing Address 5700 Sixth Avenue			
City	State	ZIP Code	
Altoona	PA	16802	
Outstanding Balance Beginning This Period		Transaction ID: SD10-INV3032	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
33.00	.00	33.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Invoice: Membership renewal fee Administ	
Mailing Address Account Address			
City	State	ZIP Code	
Altoona	PA	00000	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3033	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
10.00	.00	10.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T Wireless Services		Nature of Debt (Purpose): Invoice: Telecomm services Administrativ	
Mailing Address PO 944039			
City	State	ZIP Code	
Maitland	FL	32794	
Outstanding Balance Beginning This Period		Transaction ID: SD1D-INV3034	
.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
487.48	.00	487.48	

1) SUBTOTALS This Period This Page (optional)	▶	530.46
2) TOTALS This Period (last page this line number only)	▶	114728.22
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Bill Shuster for Congress

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 AT&T Wireless Services

Nature of Debt (Purpose):
 Invoice: 2202375068 Admin-
 istrative/Salar

Mailing Address PO 844038

City	State	ZIP Code
Maitland	FL	32794

Outstanding Balance Beginning This Period

Transaction ID: SD9-INV3008

.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

421.41

446.23

24.82

1) SUBTOTALS This Period This Page (optional)	▶	24.82
2) TOTALS This Period (last page this line number only)	▶	24.82
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

The accompanying Report of Receipts and Disbursements from April 8, 2004 through June 30, 2004 for the Bill Shuster for Congress Committee included in the prescribed form have been prepared by Frederick A. Cloos, CPA. I have prepared such financial statements in my capacity as treasurer of the Bill Shuster for Congress Committee.