

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00364935  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. **IS THIS REPORT**  **NEW (N)** **OR**  **AMENDED (A)**  
PA 09

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 01 01 2009 through 03 31 2009

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 04 10 2009

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Bill Shuster for Congress

Report Covering the Period:

From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	60500.00	60815.00
(b) Total Contribution Refunds (from Line 20(d)).....	.00	.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	60500.00	60815.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	55987.82	101960.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	4625.68	5589.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	51362.14	96371.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	51732.48	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	.00	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Bill Shuster for Congress

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

11500.00

11500.00

(ii) Unitemized.....

.00

190.00

(iii) TOTAL of contributions

11500.00

11690.00

from individuals..... ▶

.00

.00

(b) Political Party Committees.....

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

49000.00

49125.00

(d) The Candidate.....

.00

.00

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

60500.00

60815.00

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

.00

.00

13. LOANS

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

.00

.00

(b) All Other Loans.....

.00

.00

(c) TOTAL LOANS

.00

.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

4625.68

5589.67

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

.00

.00

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

65125.68

66404.67

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	55987.82	101960.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of all Other Loans.....	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	.00	.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs).....	.00	.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	.00	.00
21. OTHER DISBURSEMENTS.....	3887.00	6012.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	59874.82	107972.88

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	46481.62
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	65125.68
25. SUBTOTAL (add Line 23 and Line 24).....	111607.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	59874.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	51732.48

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 59  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
John R Brimsek  
Mailing Address 2508 Fallsmere Ct  
City Falls Church State VA Zip Code 22043  
FEC ID number of contributing federal political committee. **C**

Date of Receipt MM / DD / YYYY  
03 / 10 / 2009  
**Transaction ID:** SA11Ai-CN6593  
Amount of Each Receipt this Period 1000.00

Name of Employer: The Law Offices of John R Brimsek PC Occupation: Attorney At Law  
Receipt For: 2010 Election Cycle-to-Date 1000.00  
 Primary    General  
 Other (specify) ▼

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

**B.** Full Name (Last, First, Middle Initial)  
Geffrey D Caruso  
Mailing Address 50 Windsor St  
City Indiana State PA Zip Code 15701  
FEC ID number of contributing federal political committee. **C**

Date of Receipt MM / DD / YYYY  
02 / 12 / 2009  
**Transaction ID:** SA11Ai-CN6581  
Amount of Each Receipt this Period 500.00

Name of Employer: MobilVox Occupation: Senior Software Engineer  
Receipt For: 2010 Election Cycle-to-Date 500.00  
 Primary    General  
 Other (specify) ▼

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

**C.** Full Name (Last, First, Middle Initial)  
James L Ervin  
Mailing Address 116 Queen Street  
City Alexandria State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C**

Date of Receipt MM / DD / YYYY  
02 / 12 / 2009  
**Transaction ID:** SA11Ai-CN6580  
Amount of Each Receipt this Period 500.00

Name of Employer: ETA Inc Occupation: President  
Receipt For: 2010 Election Cycle-to-Date 500.00  
 Primary    General  
 Other (specify) ▼

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

**SUBTOTAL** of Receipts This Page (optional) ..... 2000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 59  
(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

**A.** Full Name (Last, First, Middle Initial)  
Andrew J Giorgione

Mailing Address 2911 North Second Street

City Harrisburg State PA Zip Code 17110

FEC ID number of contributing federal political committee. C

Name of Employer Buchanan Ingersoll Rooney Occupation Attorney

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 01 / 12 / 2009  
**Transaction ID:** SA11Ai-CN6569

Amount of Each Receipt this Period 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Edmund C Graber

Mailing Address 10102 Lawyers Road

City Vienna State VA Zip Code 22181

FEC ID number of contributing federal political committee. C

Name of Employer Edmund Graber Associates Occupation Consultant-Government Affairs

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2009  
**Transaction ID:** SA11Ai-CN6606

Amount of Each Receipt this Period 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Martin G Hamberger, Esq.

Mailing Address 22601 Davis Drive

City Sterling State VA Zip Code 20164

FEC ID number of contributing federal political committee. C

Name of Employer MGH Associates Occupation Attorney/Consultant

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 12 / 2009  
**Transaction ID:** SA11Ai-CN6583

Amount of Each Receipt this Period 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 1000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 59  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.**

Full Name (Last, First, Middle Initial) Melissa Koloszar		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
Mailing Address 1138 Jackson St N		<b>Transaction ID:</b> SA11Ai-CN6603
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer The PMA Group	Occupation Government Relations & Legislative	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Enrique J Lenz		Date of Receipt MM / DD / YYYY 02 / 12 / 2009
Mailing Address 1303 Aldbury Way		<b>Transaction ID:</b> SA11Ai-CN6579
City Reston	State VA	Zip Code 20194
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer MobilVox	Occupation President - CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Enrique J Lenz		Date of Receipt MM / DD / YYYY 03 / 27 / 2009
Mailing Address 1303 Aldbury Way		<b>Transaction ID:</b> SA11Ai-CN6604
City Reston	State VA	Zip Code 20194
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer MobilVox	Occupation President - CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.**

Full Name (Last, First, Middle Initial)  
James A Martin

Mailing Address 7366 Horst Road

City State Zip Code  
Chambersburg PA 17202

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Martins Famous Pastry Shoppe Inc President

Receipt For: 2010 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** SA11Ai-CN6598

Amount of Each Receipt this Period  
1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Alan R Mauk

Mailing Address 2121 Jamieson Avenue Unit 1405

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Alan Mauk Associated LTD Consultant/Lobbyist

Receipt For: 2010 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** SA11Ai-CN6605

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
John P Murphy

Mailing Address 1406 Crestwood Dr

City State Zip Code  
Alexandria VA 22302

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Federal Hill Group LLC Government Affairs

Receipt For: 2010 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2009

**Transaction ID:** SA11Ai-CN6570

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 2000.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Todd A Orange	Date of Receipt MM / DD / YYYY 02 / 12 / 2009
	Mailing Address 259 Rebecca Ave	<b>Transaction ID:</b> SA11Ai-CN6578
	City Leechburg State PA Zip Code 15656	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer MobilVox Occupation Director Of Field Operations Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Hunton & Williams LP	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 1900 K Street NW	<b>Transaction ID:</b> SA11Ai-CN6612
	City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	301 partners at \$3.325 each - Names on f <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Tobias M Rodill	Date of Receipt MM / DD / YYYY 01 / 12 / 2009
	Mailing Address 9314 Edgewood Ct	<b>Transaction ID:</b> SA11Ai-CN6571
	City Gaithersburg State MD Zip Code 20877	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer American Continental Group Occupation Senior Associate Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 59  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.**

Full Name (Last, First, Middle Initial) Arthur J Rooney, II		Date of Receipt MM / DD / YYYY 01 / 23 / 2009
Mailing Address 1300 Inverness Avenue		<b>Transaction ID:</b> SA11Ai-CN6577
City Pittsburgh	State PA	Zip Code 15217
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Steelers Football Organization	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Brian S Sowa		Date of Receipt MM / DD / YYYY 01 / 12 / 2009
Mailing Address 4646 Kearny Ct		<b>Transaction ID:</b> SA11Ai-CN6572
City Alexandria	State VA	Zip Code 22311
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Strategic Marketing Innovations	Occupation Vice President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) CDR Martin E Torrey		Date of Receipt MM / DD / YYYY 01 / 12 / 2009
Mailing Address 10 Arbor Ln		<b>Transaction ID:</b> SA11Ai-CN6573
City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 59  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.**

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

Mailing Address 605 Fontaine St

City State Zip Code  
Alexandria VA 22302

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

Name of Employer Occupation  
Norfolk Southern Corporation Director Public Affairs

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2009

**Transaction ID:** SA11Ai-CN6574

Amount of Each Receipt this Period  
500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
V Thomas Worrall, IV

Mailing Address 6118 Woodmont Road

City State Zip Code  
Alexandria VA 22307

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

Name of Employer Occupation  
Whitmer & Worrall Principal/Government Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2009

**Transaction ID:** SA11Ai-CN6582

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Raymond C Zaborney

Mailing Address 1314 Green St

City State Zip Code  
Harrisburg PA 17102

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

Name of Employer Occupation  
State Street Strategies President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2009

**Transaction ID:** SA11Ai-CN6575

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11500.00

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

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

FOR LINE NUMBER: PAGE 12 / 59  
(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

**A.** Full Name (Last, First, Middle Initial)  
ACRE  
Mailing Address 4301 Wilson Boulevard  
City Arlington State VA Zip Code 22203  
FEC ID number of contributing federal political committee. **C** C00002972  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 03 / 10 / 2009  
Transaction ID: SA11C-CN6597  
Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Air Line Pilots Association  
Mailing Address 1625 Massachusetts Avenue NW  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C** C00035451  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00  
Date of Receipt: 03 / 30 / 2009  
Transaction ID: SA11C-CN6617  
Amount of Each Receipt this Period: 1500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
American Council of Engineering  
Mailing Address 1015 15th Street NW Suite 802  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00010868  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 03 / 10 / 2009  
Transaction ID: SA11C-CN6589  
Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 59
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) American Maritime Officers Voluntary	Date of Receipt MM / DD / YYYY 03 / 02 / 2009
	Mailing Address 2 West Dixie Highway	<b>Transaction ID:</b> SA11C-CN6586
	City State Zip Code Dania FL 33004	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00027532	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) American Maritime Officers Voluntary	Date of Receipt MM / DD / YYYY 03 / 11 / 2009
	Mailing Address 2 West Dixie Highway	<b>Transaction ID:</b> SA11C-CN6587
	City State Zip Code Dania FL 33004	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00027532	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) American Physical Therapy Association	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 1111 Fairfax St N	<b>Transaction ID:</b> SA11C-CN6613
	City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00012880	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 14 / 59  
(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

**A.** Full Name (Last, First, Middle Initial)  
Association of American Railroads  
Mailing Address 50 F Street NW  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C** C00280743  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 03 / 10 / 2009  
Transaction ID: SA11C-CN6595  
Amount of Each Receipt this Period 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Baker Botts Bluebonnet Fund  
Mailing Address 910 Louisiana St Suite 3000  
City Houston State TX Zip Code 77002  
FEC ID number of contributing federal political committee. **C** C00077552  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 03 / 27 / 2009  
Transaction ID: SA11C-CN6607  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Bayer Corporation PAC  
Mailing Address 100 Bayer Rd  
City Pittsburgh State PA Zip Code 15205  
FEC ID number of contributing federal political committee. **C** C00281162  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 03 / 31 / 2009  
Transaction ID: SA11C-CN6614  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 59  
(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

**A.** Full Name (Last, First, Middle Initial)  
BNSF Railway

Mailing Address 500 New Jersey Ave NW  
Suite 550

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 03 / 27 / 2009  
Transaction ID: SA11C-CN6601  
Amount of Each Receipt this Period: 5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Bus

Mailing Address 700 13th St NW  
Suite 575

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00004879

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 02 / 12 / 2009  
Transaction ID: SA11C-CN6584  
Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
CSX Corp Good Govt Fund

Mailing Address 1331 Pennsylvania Avenue NW  
Suite 560 National Place

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 03 / 10 / 2009  
Transaction ID: SA11C-CN6594  
Amount of Each Receipt this Period: 5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Drive

Mailing Address 25 Louisiana Avenue NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: SA11C-CN6590

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)  
Exelon Corporation

Mailing Address 101 Constitution Avenue NW  
Suite 400 East

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: SA11C-CN6592

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)  
Federal Express

Mailing Address 942 S Shady Grove Road

City State Zip Code  
Memphis TN 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: SA11C-CN6599

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional) .....

3000.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 59  
(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

**A.** Full Name (Last, First, Middle Initial)  
Grand Trunk Rail-Illinois Central

Mailing Address 601 Pennsylvania Avenue NW  
Suite 500 North Building

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00095117

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 10 / 2009  
**Transaction ID:** SA11C-CN6596  
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 1111 Nineteenth Street NW  
Suite 800

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 12 / 2009  
**Transaction ID:** SA11C-CN6585  
 Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Honeywell International

Mailing Address 101 Constitution Ave NW  
Suite 500 W

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 10 / 2009  
**Transaction ID:** SA11C-CN6591  
 Amount of Each Receipt this Period 1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 59  
(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

**A.** Full Name (Last, First, Middle Initial)  
Honeywell International

Mailing Address 101 Constitution Ave NW  
Suite 500 W

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: SA11C-CN6616  
Amount of Each Receipt this Period: 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Michael Baker Corporation

Mailing Address 100 Airside Drive

City Moon Township State PA Zip Code 15108

FEC ID number of contributing federal political committee. **C** C00403477

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 10 / 2009  
Transaction ID: SA11C-CN6588  
Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
NABPAC

Mailing Address 1771 N St NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 27 / 2009  
Transaction ID: SA11C-CN6609  
Amount of Each Receipt this Period: 1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 59  
(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

**A.** Full Name (Last, First, Middle Initial)  
National Community Pharmacists Assoc

Mailing Address 100 Daingerfield Rd

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** SA11C-CN6615

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 200 Civic Center Drive

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing federal political committee. **C** C00051979

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** SA11C-CN6611

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Norfolk Southern Corp Good Govt Fund

Mailing Address Three Commerical Place

City State Zip Code  
Norfolk VA 23510

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2009

**Transaction ID:** SA11C-CN6618

Amount of Each Receipt this Period  
5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 59  
(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

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

Mailing Address 1101 30th Street NW

City Washington State DC Zip Code 20007

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2009  
**Transaction ID:** SA11C-CN6608  
 Amount of Each Receipt this Period 500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Penske Truck Leasing Co LP

Mailing Address Route 10 Green Hills  
PO Box 563

City Reading State PA Zip Code 19603

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 01 / 12 / 2009  
**Transaction ID:** SA11C-CN6576  
 Amount of Each Receipt this Period 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Spectra Energy DCP

Mailing Address 5400 Westheimer Ct

City Houston State TX Zip Code 77056

FEC ID number of contributing federal political committee. **C** C00429662

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 27 / 2009  
**Transaction ID:** SA11C-CN6600  
 Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 59  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Union Pacific Corp FPEG

Mailing Address 600 Thirteenth Street NW  
Suite 340

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 03 / 27 / 2009  
**Transaction ID:** SA11C-CN6602  
Amount of Each Receipt this Period: 5000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
United Transportation Union

Mailing Address 14600 Detroit Avenue

City Lakewood State OH Zip Code 44107

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 03 / 30 / 2009  
**Transaction ID:** SA11C-CN6619  
Amount of Each Receipt this Period: 2500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
UPS

Mailing Address 55 Glenlake Parkway NE

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 27 / 2009  
**Transaction ID:** SA11C-CN6610  
Amount of Each Receipt this Period: 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

**TOTAL** This Period (last page this line number only) ..... ► **49000.00**

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

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

FOR LINE NUMBER: PAGE 22 / 59  
(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

**A.** Full Name (Last, First, Middle Initial)  
Phoenix Park Hotels

Mailing Address 520 N Capitol Street NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 328.20

Date of Receipt 01 / 15 / 2009  
**Transaction ID: SA14-ER88**  
 Amount of Each Receipt this Period 328.20

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

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

Mailing Address 140 Littleton Road Suite 320

City Parsippany State NJ Zip Code 07054

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1229.18

Date of Receipt 01 / 23 / 2009  
**Transaction ID: SA14-ER91**  
 Amount of Each Receipt this Period 1229.18

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

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

Mailing Address 140 Littleton Road Suite 320

City Parsippany State NJ Zip Code 07054

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4297.48

Date of Receipt 03 / 25 / 2009  
**Transaction ID: SA14-ER92**  
 Amount of Each Receipt this Period 3068.30

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4625.68

**TOTAL** This Period (last page this line number only) ..... ► 4625.68

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

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

Mailing Address 525 Allegheny Street

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6007  
Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

100.80

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

Postage

B.

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

Mailing Address 9 Overlook Drive

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement  
Fayette County meeting meal/taxis

Candidate Name  
William Shuster

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 09

Transaction ID: SB17-EX6036  
Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

160.00

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

Fayette County meeting meal/taxis

C.

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

Mailing Address PO Box 2008  
301 Cayuga Ave

City Altoona State PA Zip Code 16603

Purpose of Disbursement  
Full page color ad

Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5979  
Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

491.55

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

Full page color ad

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

752.35

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Verizon

Transaction ID: SB17-EX5946  
Date of Disbursement

Mailing Address PO Box 660748

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	0	9

City Dallas State TX Zip Code 75266

Amount of Each Disbursement this Period

177.84
--------

Purpose of Disbursement  
Telephone

001
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Telephone

State: District:

B.

Full Name (Last, First, Middle Initial)  
Verizon

Transaction ID: SB17-EX5977  
Date of Disbursement

Mailing Address PO Box 660748

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	0	9

City Dallas State TX Zip Code 75266

Amount of Each Disbursement this Period

177.93
--------

Purpose of Disbursement  
Telephone

001
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Telephone

State: District:

C.

Full Name (Last, First, Middle Initial)  
Verizon

Transaction ID: SB17-EX6034  
Date of Disbursement

Mailing Address PO Box 660748

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	9

City Dallas State TX Zip Code 75266

Amount of Each Disbursement this Period

185.93
--------

Purpose of Disbursement  
Telephone

001
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Telephone

State: District:

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

541.70
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
State Farm Insurance

Mailing Address 715 Lexington Avenue

City Altoona State PA Zip Code 16601

Purpose of Disbursement Insurance

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6054  
Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

300.00

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

Insurance

B.

Full Name (Last, First, Middle Initial)  
Shari Frankhauser

Mailing Address 2324 Fourth Street

City Altoona State PA Zip Code 16601

Purpose of Disbursement Mileage reimbursement

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6035  
Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

198.00

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

Mileage reimbursement

C.

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

Mailing Address 400 First Street SE

City Washington State DC Zip Code 20016

Purpose of Disbursement Fundraiser Meal

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6081  
Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

513.43

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

Fundraiser Meal

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

1011.43

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Blair Co Republican Committee</p> <p>Mailing Address 301 Union Avenue #364</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Membership Dues Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5993 <b>Date of Disbursement</b> 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Membership Dues</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Various one on one meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX6001 <b>Date of Disbursement</b> 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 251.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Various one on one meals</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Various one on one meals Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX6014 <b>Date of Disbursement</b> 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 274.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Various one on one meals</p>

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

925.97

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Various meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17-EX5988</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="145.72"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Various meals</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Various Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17-EX6063</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="493.26"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Various Meals</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Various Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17-EX6049</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="44.78"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Various Meals</p>

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

**683.76**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Hilton Harrisburg and Towers

Mailing Address One North Second Street

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement

Meals

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6027

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

46.50

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

Meals

B.

Full Name (Last, First, Middle Initial)  
Hilton Harrisburg and Towers

Mailing Address One North Second Street

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement

Lodging

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6028

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

248.86

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

Lodging

C.

Full Name (Last, First, Middle Initial)  
The Capital Grille

Mailing Address 601 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004

Purpose of Disbursement

Fundraising caterer

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6019

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

726.78

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

Fundraising caterer

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

1022.14

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

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

Mailing Address Suite 293 South Gate Mall

City State Zip Code  
Chambersburg PA 17201

Purpose of Disbursement

Full page ad

Candidate Name

004  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5999

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

500.00

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

Full page ad

B.

Full Name (Last, First, Middle Initial)  
Amtrak

Mailing Address Market Street

City State Zip Code  
Philadelphia PA 19019

Purpose of Disbursement

Train

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6064

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

51.00

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

Train

C.

Full Name (Last, First, Middle Initial)  
Amtrak

Mailing Address Market Street

City State Zip Code  
Philadelphia PA 19019

Purpose of Disbursement

Train

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6065

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

194.00

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

Train

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

745.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Schoenbergers Restaurant</p> <p>Mailing Address 346 Lincoln Way East</p> <p>City Chambersburg State PA Zip Code 17201</p> <p>Purpose of Disbursement Meet and Greet Dinner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX6067</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 110.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Meet and Greet Dinner</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Schoenbergers Restaurant</p> <p>Mailing Address 346 Lincoln Way East</p> <p>City Chambersburg State PA Zip Code 17201</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX6069</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 30.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Meals</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sylvester Management Corp</p> <p>Mailing Address PO Box 986</p> <p>City Irmo State SC Zip Code 29063</p> <p>Purpose of Disbursement FEC seminar</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX6015</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 499.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FEC seminar</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>639.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Trail Blazer Campaign Services Inc.

Transaction ID: SB17-EX5984  
Date of Disbursement

Mailing Address 5115 Excelsior Blvd Suite 103

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	0	9

City State Zip Code  
Minneapolis MN 55416

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement  
Software License

001
Category/ Type

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

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

Software License

State: District:

B.

Full Name (Last, First, Middle Initial)  
The Congressional Institute

Transaction ID: SB17-EX5939  
Date of Disbursement

Mailing Address 316 Pennsylvania Avenue SE  
Suite 403

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	0	9

City State Zip Code  
Washington DC 20003

Amount of Each Disbursement this Period

1063.00
---------

Purpose of Disbursement  
Annual House Retreat

002
Category/ Type

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

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

Annual House Retreat

State: District:

C.

Full Name (Last, First, Middle Initial)  
Schneiders Of Capitol Hill

Transaction ID: SB17-EX6026  
Date of Disbursement

Mailing Address 300 Massachusetts Avenue NE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	0	9

City State Zip Code  
Washington DC 20002

Amount of Each Disbursement this Period

1031.65
---------

Purpose of Disbursement  
Supplies for fundraiser

003
Category/ Type

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

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

Supplies for fundraiser

State: District:

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

5094.65
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) Daily American	Transaction ID: SB17-EX5949 Date of Disbursement 01 / 19 / 2009
	Mailing Address 334 W Main Street PO Box 638	Amount of Each Disbursement this Period 600.00
	City Somerset State PA Zip Code 15501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Online banner ads Candidate Name	004 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Online banner ads
	State: District:	

B.	Full Name (Last, First, Middle Initial) Roger Osbaugh	Transaction ID: SB17-EX6045 Date of Disbursement 03 / 31 / 2009
	Mailing Address 1153 Leisure Drive	Amount of Each Disbursement this Period 14.19
	City Chambersburg State PA Zip Code 17202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mileage reimbursement Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Mileage reimbursement
	State: District:	

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB17-EX5959 Date of Disbursement 01 / 30 / 2009
	Mailing Address PO Box 25505	Amount of Each Disbursement this Period 1236.27
	City Lehigh Valley State PA Zip Code 18002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Telephone
	State: District:	

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

1850.46

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

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

Mailing Address PO Box 25505

City Lehigh Valley State PA Zip Code 18002

Purpose of Disbursement Telephone

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX5991  
Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

789.47

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

Telephone

B.

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

Mailing Address PO Box 25505

City Lehigh Valley State PA Zip Code 18002

Purpose of Disbursement Telephone

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6056  
Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

832.34

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

Telephone

C.

Full Name (Last, First, Middle Initial)  
Ruths Chris Steakhouse

Mailing Address 1801 Connecticut Avenue NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Meet and Greet Telephone

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6071  
Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

280.00

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

Meet and Greet

SUBTOTAL of Disbursements This Page (optional) ▶

1901.81

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) DSK Consultants <hr/> Mailing Address 530 Garber Street <hr/> City Hollidaysburg State PA Zip Code 16648 <hr/> Purpose of Disbursement Retainer for Campaign Fundraising Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX5936 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">3000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Retainer for Campaign Fundraising	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	8		2	0	0	9													
B.	Full Name (Last, First, Middle Initial) Benjamin Hotel <hr/> Mailing Address 125 East 50th Street <hr/> City New York State NY Zip Code 10022 <hr/> Purpose of Disbursement Catering for PA Society event Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX6012 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">5125.52</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Catering for PA Society event	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	0		2	0	0	9													
C.	Full Name (Last, First, Middle Initial) ATLANTIC broadband <hr/> Mailing Address Box 371801 <hr/> City Pittsburgh State PA Zip Code 15250 <hr/> Purpose of Disbursement Internet Service Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17-EX5944 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">109.15</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Internet Service	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	9		2	0	0	9													

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 5px;">8234.67</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 59

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) ATLANTIC broadband  Mailing Address Box 371801  City Pittsburgh State PA Zip Code 15250  Purpose of Disbursement Internet Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5945 Date of Disbursement 01 / 19 / 2009  Amount of Each Disbursement this Period 56.95  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Internet Service
<b>B.</b>	Full Name (Last, First, Middle Initial) ATLANTIC broadband  Mailing Address Box 371801  City Pittsburgh State PA Zip Code 15250  Purpose of Disbursement Internet Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5975 Date of Disbursement 02 / 17 / 2009  Amount of Each Disbursement this Period 129.95  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Internet Service
<b>C.</b>	Full Name (Last, First, Middle Initial) ATLANTIC broadband  Mailing Address Box 371801  City Pittsburgh State PA Zip Code 15250  Purpose of Disbursement Internet Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5990 Date of Disbursement 02 / 27 / 2009  Amount of Each Disbursement this Period 56.95  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Internet Service

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

**243.85**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.	Full Name (Last, First, Middle Initial) ATLANTIC broadband	Transaction ID: SB17-EX6032
	Mailing Address Box 371801	Date of Disbursement 03 / 17 / 2009
	City Pittsburgh State PA Zip Code 15250	Amount of Each Disbursement this Period 129.95
	Purpose of Disbursement Internet Service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Internet Service

B.	Full Name (Last, First, Middle Initial) ATLANTIC broadband	Transaction ID: SB17-EX6033
	Mailing Address Box 371801	Date of Disbursement 03 / 17 / 2009
	City Pittsburgh State PA Zip Code 15250	Amount of Each Disbursement this Period 56.95
	Purpose of Disbursement Internet Service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Internet Service

C.	Full Name (Last, First, Middle Initial) CenPenn Realty LLC	Transaction ID: SB17-EX5967
	Mailing Address 513 Allegheny Street	Date of Disbursement 01 / 30 / 2009
	City Hollidaysburg State PA Zip Code 16648	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement February 2009 rent Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	February 2009 rent

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>686.90</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) CenPenn Realty LLC  Mailing Address 513 Allegheny Street  City Hollidaysburg State PA Zip Code 16648  Purpose of Disbursement March 2009 rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5985 Date of Disbursement 02 / 17 / 2009  Amount of Each Disbursement this Period 500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  March 2009 rent
<b>B.</b>	Full Name (Last, First, Middle Initial) CenPenn Realty LLC  Mailing Address 513 Allegheny Street  City Hollidaysburg State PA Zip Code 16648  Purpose of Disbursement April 2009 rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6058 Date of Disbursement 03 / 31 / 2009  Amount of Each Disbursement this Period 500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  April 2009 rent
<b>C.</b>	Full Name (Last, First, Middle Initial) Jim Frank  Mailing Address 1628 St. Francis Lane  City Altoona State PA Zip Code 16602  Purpose of Disbursement Mileage reimbursement Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5992 Date of Disbursement 02 / 27 / 2009  Amount of Each Disbursement this Period 95.15  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Mileage reimbursement

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

1095.15

**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)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) e2c consulting Inc.  Mailing Address PO Box 29576  City Washington State DC Zip Code 20017  Purpose of Disbursement Fundraising Consulting Fee - Feb 09 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5968 Date of Disbursement 01 / 30 / 2009  Amount of Each Disbursement this Period 4000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Fundraising Consulting Fee - Feb 09
<b>B.</b>	Full Name (Last, First, Middle Initial) e2c consulting Inc.  Mailing Address PO Box 29576  City Washington State DC Zip Code 20017  Purpose of Disbursement Fundraising Consulting Fee - Mar 09 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6000 Date of Disbursement 02 / 27 / 2009  Amount of Each Disbursement this Period 4000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Fundraising Consulting Fee - Mar 09
<b>C.</b>	Full Name (Last, First, Middle Initial) e2c consulting Inc.  Mailing Address PO Box 29576  City Washington State DC Zip Code 20017  Purpose of Disbursement Fundraising Consulting Fee - Apr 09 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6057 Date of Disbursement 03 / 31 / 2009  Amount of Each Disbursement this Period 4000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Fundraising Consulting Fee - Apr 09

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jennifer Mearkle</p> <p>Mailing Address 3022 Broad Avenue</p> <p>City Altoona State PA Zip Code 16601</p> <p>Purpose of Disbursement Payroll 03/01/2009 to 03/31/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17-EX6043</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Payroll 03/01/2009 to 03/31/2009</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jennifer Mearkle</p> <p>Mailing Address 3022 Broad Avenue</p> <p>City Altoona State PA Zip Code 16601</p> <p>Purpose of Disbursement Mileage reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17-EX6044</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 57.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Mileage reimbursement</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) CCH Incorporated</p> <p>Mailing Address PO Box 4307</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Campaign Finance Guide</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17-EX5981</p> <p>Date of Disbursement 02 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 940.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Campaign Finance Guide</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>1148.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) McIntyre's Candies</p> <p>Mailing Address 1419 Eleventh Avenue</p> <p>City Altoona State PA Zip Code 16601</p> <p>Purpose of Disbursement Gift Baskets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5998</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 220.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Gift Baskets</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) S&amp;T Bank - Payroll</p> <p>Mailing Address 1100 Logan Blvd</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement EFTPS 940 - 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5955</p> <p>Date of Disbursement 01 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 79.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EFTPS 940 - 2008</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) S&amp;T Bank - Payroll</p> <p>Mailing Address 1100 Logan Blvd</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement EFTPS - January 2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5969</p> <p>Date of Disbursement 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 26.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EFTPS - January 2009</p>

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

**326.70**

**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)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

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

Transaction ID: SB17-EX5971  
Date of Disbursement

Mailing Address 1100 Logan Blvd

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

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

15.72
-------

Purpose of Disbursement  
PA Telefile 4th quarter 2008

001
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

PA Telefile 4th quarter 2008

State: District:

B.

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

Transaction ID: SB17-EX6031  
Date of Disbursement

Mailing Address 1100 Logan Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	0	9

City Altoona State PA Zip Code 16602

Amount of Each Disbursement this Period

31.64
-------

Purpose of Disbursement  
EFTPS - February 2009

001
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

EFTPS - February 2009

State: District:

C.

Full Name (Last, First, Middle Initial)  
AT&T Mobility

Transaction ID: SB17-EX5958  
Date of Disbursement

Mailing Address PO Box 6463

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

City Carol Stream State IL Zip Code 60197

Amount of Each Disbursement this Period

130.24
--------

Purpose of Disbursement  
Telephone

001
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Telephone

State: District:

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

177.60
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TOTAL This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address PO Box 6463 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5989 Date of Disbursement 02 / 27 / 2009
	Amount of Each Disbursement this Period 130.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Telephone

<b>B.</b> Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address PO Box 6463 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6055 Date of Disbursement 03 / 31 / 2009
	Amount of Each Disbursement this Period 130.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Telephone

<b>C.</b> Full Name (Last, First, Middle Initial) Targeted Creative Communications Inc Mailing Address 106 South Columbus Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Franklin & Cambria County calls Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6051 Date of Disbursement 03 / 31 / 2009
	Amount of Each Disbursement this Period 424.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Franklin & Cambria County calls

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	685.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) The Printing Department Mailing Address PO Box 426 US City Scotland State PA Zip Code 17254 Purpose of Disbursement Postcards Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5983 Date of Disbursement 02 / 17 / 2009
	Amount of Each Disbursement this Period 530.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Postcards

<b>B.</b> Full Name (Last, First, Middle Initial) The Printing Department Mailing Address PO Box 426 US City Scotland State PA Zip Code 17254 Purpose of Disbursement Postcard mailers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5996 Date of Disbursement 02 / 27 / 2009
	Amount of Each Disbursement this Period 530.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Postcard mailers

<b>C.</b> Full Name (Last, First, Middle Initial) The Printing Department Mailing Address PO Box 426 US City Scotland State PA Zip Code 17254 Purpose of Disbursement Postcard mailers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX5997 Date of Disbursement 02 / 27 / 2009
	Amount of Each Disbursement this Period 555.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Postcard mailers

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1616.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Meghan L Johnson</p> <p>Mailing Address 301 Maple Hollow Road</p> <p>City Duncansville State PA Zip Code 16635</p> <p>Purpose of Disbursement Payroll 01/01/2009 to 01/31/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5956</p> <p>Date of Disbursement 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Payroll 01/01/2009 to 01/31/2009</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Meghan L Johnson</p> <p>Mailing Address 301 Maple Hollow Road</p> <p>City Duncansville State PA Zip Code 16635</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5957</p> <p>Date of Disbursement 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 210.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Postage</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Ronald Nocco</p> <p>Mailing Address Diamond Entertainment 1416 Philadelphia Street</p> <p>City Indiana State PA Zip Code 15701</p> <p>Purpose of Disbursement Servicemen Christmas Party</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17-EX5951</p> <p>Date of Disbursement 01 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 376.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Servicemen Christmas Party</p>

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

**736.30**

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Omni Hotels Shoreham

Mailing Address 2500 Calvert Street NW

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Lodging for FEC Seminar

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6062  
Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

745.22

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

Lodging for FEC Seminar

B.

Full Name (Last, First, Middle Initial)  
Cafe Phillips

Mailing Address 50 F Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Meals

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6084  
Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

375.37

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

Meals

C.

Full Name (Last, First, Middle Initial)  
Chick-Fil-A

Mailing Address 4238 Wilson Blvd - Ste 1130

City Arlington State VA Zip Code 22203

Purpose of Disbursement  
group meal

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6018  
Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

196.42

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

group meal

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

1317.01

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
StelTek Graphics Inc

Transaction ID: SB17-EX5950  
Date of Disbursement

Mailing Address One Corporate Drive  
Suite 105

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	0	9

City State Zip Code  
Bedford PA 15522

Amount of Each Disbursement this Period

907.92
--------

Purpose of Disbursement  
Print Ads - Calendars

004
-----

Category/  
Type

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

Candidate Name

Print Ads - Calendars

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Capitol Concepts

Transaction ID: SB17-EX5964  
Date of Disbursement

Mailing Address PO Box 1870

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

City State Zip Code  
Cherry Hill NJ 08034

Amount of Each Disbursement this Period

3600.00
---------

Purpose of Disbursement  
Fundraising services

003
-----

Category/  
Type

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

Candidate Name

Fundraising services

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Affina 50

Transaction ID: SB17-EX6004  
Date of Disbursement

Mailing Address 155 East 50th Street

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

City State Zip Code  
New York NY 10022

Amount of Each Disbursement this Period

829.53
--------

Purpose of Disbursement  
Lodging- PA Society Event

002
-----

Category/  
Type

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

Candidate Name

Lodging- PA Society Event

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

5337.45
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

Full Name (Last, First, Middle Initial)  
Affina 50

Mailing Address 155 East 50th Street

City New York State NY Zip Code 10022

Purpose of Disbursement  
Lodging for PA Society event

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6011  
Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

833.86

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

Lodging for PA Society event

B.

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

Mailing Address 575 Pennsylvania Avenue NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Fundraiser meal

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6006  
Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

220.00

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

Fundraiser meal

C.

Full Name (Last, First, Middle Initial)  
Central Michel Richard Restaurant

Mailing Address 1001 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Meals

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6074  
Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

130.00

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

Meals

SUBTOTAL of Disbursements This Page (optional) ▶

1183.86

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Bittersweet Catering Mailing Address 103 North Alfred Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Catering for fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6029 Date of Disbursement 02 / 27 / 2009 Amount of Each Disbursement this Period 299.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Catering for fundraiser
<b>B.</b>	Full Name (Last, First, Middle Initial) Franklin Fire Company Mailing Address 158 West King Street City Chambersburg State PA Zip Code 17201 Purpose of Disbursement Pancake Breakfast fundraiser Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6040 Date of Disbursement 03 / 17 / 2009 Amount of Each Disbursement this Period 1485.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Pancake Breakfast fundraiser
<b>C.</b>	Full Name (Last, First, Middle Initial) Omni Independence Park Hotel Mailing Address 401 Chestnut Street City Philadelphia State PA Zip Code 19106 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17-EX6080 Date of Disbursement 03 / 31 / 2009 Amount of Each Disbursement this Period 243.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Lodging

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

**2027.84**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

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

Mailing Address 300 W. Main Street

City State Zip Code  
White Sulphur Spr WV 24986

Purpose of Disbursement  
Lodging

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6072  
Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

293.00

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

Lodging

B.

Full Name (Last, First, Middle Initial)  
La Famiglia Ristorante

Mailing Address 8 South Front Street

City State Zip Code  
Philadelphia PA 19106

Purpose of Disbursement  
Fundraiser meal

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6079  
Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

304.50

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

Fundraiser meal

C.

Full Name (Last, First, Middle Initial)  
Rosa Mexicano

Mailing Address 575 7th Street

City State Zip Code  
Washington DC 20004

Purpose of Disbursement  
Deposit for Fundraiser

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17-EX6083  
Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

750.00

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

Deposit for Fundraiser

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

1347.50

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

53332.58

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Precious Life Inc</p> <p>Mailing Address 1716 12th Avenue</p> <p>City Altoona State PA Zip Code 16601</p> <p>Purpose of Disbursement Table Sponsorship</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-EX5980</p> <p>Date of Disbursement MM / DD / YYYY 02 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 260.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Table Sponsorship</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Juniata Co Republican Committee</p> <p>Mailing Address c/o Richelle Strawser 28 Evergreen Street Apt #5</p> <p>City Thompsontown State PA Zip Code 17094</p> <p>Purpose of Disbursement Presidents Day dinner tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-EX5961</p> <p>Date of Disbursement MM / DD / YYYY 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 60.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Presidents Day dinner tickets</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Juniata Co Republican Committee</p> <p>Mailing Address c/o Richelle Strawser 28 Evergreen Street Apt #5</p> <p>City Thompsontown State PA Zip Code 17094</p> <p>Purpose of Disbursement Spring Fling tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-EX6046</p> <p>Date of Disbursement MM / DD / YYYY 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 60.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Spring Fling tickets</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>380.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

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

Mailing Address Tonya Clark  
681 Brantner Road

City Breezewood State PA Zip Code 15533

Purpose of Disbursement Table Sponsor-Lincoln Day Dinner  
Candidate Name

012  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB21-EX6037  
Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

500.00

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

Table Sponsor-Lincoln Day Dinner

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

Mailing Address PO Box 401

City Somerset State PA Zip Code 15501

Purpose of Disbursement Spring Banquet ticket  
Candidate Name

012  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB21-EX6052  
Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

20.00

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

Spring Banquet ticket

**C.** Full Name (Last, First, Middle Initial)  
Indiana Co Republican Executive Comm

Mailing Address c/o Louise Hildebrand  
5145 Redwood Drive

City Indiana State PA Zip Code 15701

Purpose of Disbursement Lincoln Day Dinner donation  
Candidate Name

012  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB21-EX5995  
Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

100.00

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

Lincoln Day Dinner donati-  
on

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

620.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 1721 Osgood Drive</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Gift Cards - Military Xmas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-EX6008</p> <p>Date of Disbursement 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Gift Cards - Military Xmas</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bedford County CCHL</p> <p>Mailing Address c/o Janet Creighton 3495 Business 220</p> <p>City Bedford State PA Zip Code 15522</p> <p>Purpose of Disbursement Gold Sponsor Pro-Life Dinner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-EX6042</p> <p>Date of Disbursement 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 124.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Gold Sponsor Pro-Life Dinner</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Penn's Woods Council</p> <p>Mailing Address Boy Scouts Of America 201 West High Street Suite 1</p> <p>City Ebensburg State PA Zip Code 15931</p> <p>Purpose of Disbursement Lansberry Memorial Dinner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-EX6048</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 90.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Lansberry Memorial Dinner</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>514.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

**A.** Full Name (Last, First, Middle Initial)  
Fayette Co Assoc Of Twp Supervisors

Mailing Address Leigh Klink  
PO Box 87

City New Salem State PA Zip Code 15468

Purpose of Disbursement Education Conference/Trade Show  
Candidate Name

012  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB21-EX6039  
Date of Disbursement

03 / 17 / 2009

Amount of Each Disbursement this Period

100.00

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

Education Conference/Trade Show

**B.** Full Name (Last, First, Middle Initial)  
Shawn Meyers For Judge Committee

Mailing Address c/o Jake Kaufman Treasurer  
914 Wallace Avenue

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement Non-Federal Political Contribution  
Candidate Name Shawn Meyers For Judge Committee

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB21-EX5994  
Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

750.00

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

Non-Federal Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
Michele Grant

Mailing Address 1621 Jackson Avenue

City Altoona State PA Zip Code 16602

Purpose of Disbursement Donation-Adopt a Grandparent  
Candidate Name

012  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB21-EX5962  
Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

50.00

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

Donation-Adopt a Grandparent

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

900.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Republican Federal Committee Of PA</p> <p>Mailing Address 717 North Second Street</p> <p>City Harrisburg State PA Zip Code 17102</p> <p>Purpose of Disbursement Lincoln Day Dinner tickets</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21-EX5970</p> <p>Date of Disbursement 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Lincoln Day Dinner tickets</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Holy Name Roman Catholic Church</p> <p>Mailing Address 500 North Julian Street</p> <p>City Ebensburg State PA Zip Code 15931</p> <p>Purpose of Disbursement Republican Appreciation Breakfast</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21-EX5982</p> <p>Date of Disbursement 02 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Republican Appreciation Breakfast</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Holy Name Roman Catholic Church</p> <p>Mailing Address 500 North Julian Street</p> <p>City Ebensburg State PA Zip Code 15931</p> <p>Purpose of Disbursement Republican Appreciation Breakfast</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21-EX6041</p> <p>Date of Disbursement 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1125.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Republican Appreciation Breakfast</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>1425.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 59

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

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NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

A.

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

Mailing Address PO Box 1952  
ATTN: Kelly Wike

City Altoona State PA Zip Code 16603

Purpose of Disbursement  
8 Spaghetti Dinner tickets

Candidate Name

012  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21-EX6047

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

48.00

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

8 Spaghetti Dinner tickets

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

48.00

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

3887.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 56 / 59
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Campbell Holste Inc.	Nature of Debt (Purpose): Invoice: Direct Mail Brochures Campaign
Mailing Address 140 Littleton Road Suite 320	
City Parsippany State NJ ZIP Code 07054	

Outstanding Balance Beginning This Period -3068.30	<b>Transaction ID:</b> SD9-INV5622	
Amount Incurred This Period .00	Payment This Period -3068.30	Outstanding Balance at Close of This Period .00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Campbell Holste Inc.	Nature of Debt (Purpose): Invoice: GOTV phone calls Polling Expens
Mailing Address 140 Littleton Road Suite 320	
City Parsippany State NJ ZIP Code 07054	

Outstanding Balance Beginning This Period -1229.18	<b>Transaction ID:</b> SD9-INV5666	
Amount Incurred This Period .00	Payment This Period -1229.18	Outstanding Balance at Close of This Period .00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS	Nature of Debt (Purpose): Invoice: Postage Administrative/Salary/O
Mailing Address PO Box 7247-0244	
City Philadelphia State PA ZIP Code 19170	

Outstanding Balance Beginning This Period 18.86	<b>Transaction ID:</b> SD9-INV5806	
Amount Incurred This Period .00	Payment This Period 18.86	Outstanding Balance at Close of This Period .00

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



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 57 / 59
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

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

Outstanding Balance Beginning This Period 177.84	<b>Transaction ID: SD9-INV5800</b>	
Amount Incurred This Period .00	Payment This Period 177.84	Outstanding Balance at Close of This Period .00

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> StelTek Graphics Inc	Nature of Debt (Purpose): Invoice: Print Ads - Calendars Advertisi	
Mailing Address One Corporate Drive Suite 105		
City Bedford State PA ZIP Code 15522		

Outstanding Balance Beginning This Period 907.92	<b>Transaction ID: SD9-INV5804</b>	
Amount Incurred This Period .00	Payment This Period 907.92	Outstanding Balance at Close of This Period .00

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Phoenix Park Hotels	Nature of Debt (Purpose): Invoice: Lodging Travel Expenses	
Mailing Address 520 N Capitol Street NW		
City Washington State DC ZIP Code 20001		

Outstanding Balance Beginning This Period -328.20	<b>Transaction ID: SD9-INV5773</b>	
Amount Incurred This Period .00	Payment This Period -328.20	Outstanding Balance at Close of This Period .00

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

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

NAME OF COMMITTEE (In Full)  
Bill Shuster for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Daily American	Nature of Debt (Purpose): Invoice: Online banner ads Advertising E
Mailing Address 334 W Main Street PO Box 638	
City Somerset State PA ZIP Code 15501	

Outstanding Balance Beginning This Period 600.00	<b>Transaction ID:</b> SD9-INV5803	
Amount Incurred This Period .00	Payment This Period 600.00	Outstanding Balance at Close of This Period .00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ronald Nocco	Nature of Debt (Purpose): Invoice: Servicemen Christmas Party Soli
Mailing Address Diamond Entertainment 1416 Philadelphia Street	
City Indiana State PA ZIP Code 15701	

Outstanding Balance Beginning This Period 376.30	<b>Transaction ID:</b> SD9-INV5805	
Amount Incurred This Period .00	Payment This Period 376.30	Outstanding Balance at Close of This Period .00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Copy Rite & Banner Zone	Nature of Debt (Purpose): Invoice: Buttons Administrative/Salary/O
Mailing Address 301 Allegheny Street	
City Hollidaysburg State PA ZIP Code 16648	

Outstanding Balance Beginning This Period -155.71	<b>Transaction ID:</b> SD9-INV74	
Amount Incurred This Period 155.71	Payment This Period .00	Outstanding Balance at Close of This Period .00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	.00

Form/Schedule: **F3N**

Transaction ID:

The accompanying Report of Receipts and Disbursements from January 1 2009 through March 31 2009 for the Bill Shuster for Congress Committee included in the prescribed form have been prepared by Frederick A. Ciocca CPA. I have prepared such financial statements in my capacity as treasurer of the Bill Shuster for Congress Committee.