

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

BILL SHUSTER FOR CONGRESS

ADDRESS (number and street)

PO BOX 27

Check if different than previously reported. (ACC)

HOLLIDAYSBURG

PA

16648

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00364935

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

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 MM / DD / YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY  
01 / 01 / 2018

through

MM / DD / YYYY  
03 / 31 / 2018

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 KILGORE, PAUL, A, ,

Signature of Treasurer KILGORE, PAUL, A, ,

[Electronically Filed]

Date

MM / DD / YYYY  
04 / 13 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**BILL SHUSTER FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	0.00	1402495.00
(b) Total Contribution Refunds (from Line 20(d)) .....	184300.00	187850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	- 184300.00	1214645.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	24545.86	953457.41
(b) Total Offsets to Operating Expenditures (from Line 14).....	73.18	7348.10
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	24472.68	946109.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	810178.52	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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 05/2016)

Write or Type Committee Name

**BILL SHUSTER FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	509370.00
(ii) Unitemized.....	0.00	1875.00
(iii) TOTAL of contributions from individuals ▶	0.00	511245.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	891250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	1402495.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	73.18	7348.10
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	73.18	1409843.10

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 56

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24545.86	953457.41
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	59400.00	62950.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	124900.00	124900.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	184300.00	187850.00
21. OTHER DISBURSEMENTS .....	3700.00	12325.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	212545.86	1153632.41

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1022651.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	73.18
25. SUBTOTAL (add Line 23 and Line 24).....	1022724.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	212545.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	810178.52

**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 5 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ACE SELF STORAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018
Mailing Address 300 ORCHARD AVE.		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement STORAGE UNIT RENTAL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 699.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2018
Mailing Address 1 ADP BLVD		FEC Identification Number C
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement PAYROLL SERVICE FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 126.41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2018
Mailing Address 1 ADP BLVD		FEC Identification Number C
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement PAYROLL SERVICE FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 14.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	840.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADP</b>		Date of Disbursement
Mailing Address 1 ADP BLVD		M M / D D / Y Y Y Y 01 / 24 / 2018
City ROSELAND	State NJ	Zip Code 07068
Purpose of Disbursement PAYROLL SERVICE FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	89.70
State: District:	Transaction ID : SB17.117480	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement
Mailing Address PO BOX 1270		M M / D D / Y Y Y Y 01 / 02 / 2018
City NEWARK	State NJ	Zip Code 07101
Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	7.95
State: District:	Transaction ID : SB17.117448	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement
Mailing Address PO BOX 1270		M M / D D / Y Y Y Y 01 / 05 / 2018
City NEWARK	State NJ	Zip Code 07101
Purpose of Disbursement CC TRANSACTION FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	7.38
State: District:	Transaction ID : SB17.117464	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	105.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address PO BOX 1270			FEC Identification Number C	
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 988.43	
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117483	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BULLFEATHERS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address 410 FIRST STREET SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 359.00	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.117484	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CAPITAL GRILLE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address 601 PENNSYLVANIA AVE. NW			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Disbursement this Period 120.00	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117485	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	988.43
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CAPITOL HILL CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address 300 FIRST STREET SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 69.50	
Purpose of Disbursement MEMBERSHIP DUES		Category/ Type 001	Transaction ID : SB17.117486	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. GOOGLE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address 1600 AMPHITHEATRE PKWY			FEC Identification Number C	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Amount of Each Disbursement this Period 79.50	
Purpose of Disbursement WEB SERVICES		Category/ Type 001	Transaction ID : SB17.117488	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. INTELIUS.COM</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address 500 108TH AVE NE 22NF FL			FEC Identification Number C	
City BELLEVUE	State WA	Zip Code 98004	Amount of Each Disbursement this Period 19.95	
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.117489	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NORTON SECURITY</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address 350 ELLIS STREET			FEC Identification Number C	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Amount of Each Disbursement this Period 105.99	
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.117490	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address PO BOX 1270			FEC Identification Number C	
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 75.00	
Purpose of Disbursement MEMBERSHIP DUES		Category/ Type 001	Transaction ID : SB17.117491	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. UBER TECHNOLOGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address 800 MARKET STREET 7TH FLOOR			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94115	Amount of Each Disbursement this Period 20.76	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.117493	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address PO BOX 1270			FEC Identification Number C	
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 5902.16	
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117495	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. 10/09 KITCHEN</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address 132 E PITT ST			FEC Identification Number C	
City BEDFORD	State PA	Zip Code 15522	Amount of Each Disbursement this Period 278.84	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117496	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address PO BOX 9001309			FEC Identification Number C	
City LOUISVILLE	State KY	Zip Code 40290	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.117497	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5902.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE CONGRESSIONAL INSTITUTE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address 316 PENNSYLVANIA AVENUE SE SUITE 403			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 736.84	
Purpose of Disbursement CONFERENCE FEES		Category/ Type 001	Transaction ID : SB17.117498	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. EXXON</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address 542 SOUTH CENTER STREET			FEC Identification Number C	
City EBENSBURG	State PA	Zip Code 15931	Amount of Each Disbursement this Period 31.63	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.117500	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. JOSELITO CASA DE COMIDAS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address 660 PENNSYLVANIA AVE SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 970.00	
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.117502	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHEETZ INC</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address 5700 SIXTH AVENUE			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 21.00	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.117508	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. SHELL OIL</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address 10524 SHARPSBURG PIKE			FEC Identification Number C	
City HAGERSTOWN	State MD	Zip Code 21740	Amount of Each Disbursement this Period 33.38	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.117507	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FRONTIER TAVERN</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address 2198 SWEET ROOT RD			FEC Identification Number C	
City BEDFORD	State PA	Zip Code 15522	Amount of Each Disbursement this Period 230.00	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117508	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. TRUMP INTERNATIONAL HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018		
Mailing Address 1100 PENNSYLVANIA AVE NW			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Disbursement this Period 3112.20		
Purpose of Disbursement EVENT CATERING		Category/ Type 001	Transaction ID : SB17.117509		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. UBER TECHNOLOGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018		
Mailing Address 800 MARKET STREET 7TH FLOOR			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94115	Amount of Each Disbursement this Period 2.46		
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.117510		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2018		
Mailing Address PO BOX 1270			FEC Identification Number C		
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 419.95		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117606		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	419.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. INTELIUS.COM</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2018	
Mailing Address 500 108TH AVE NE 22NF FL			FEC Identification Number C	
City BELLEVUE	State WA	Zip Code 98004	Amount of Each Disbursement this Period 19.95	
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.117607	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. GOOGLE</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2018	
Mailing Address 1600 AMPHITHEATRE PKWY			FEC Identification Number C	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Amount of Each Disbursement this Period 79.50	
Purpose of Disbursement WEB SERVICES		Category/ Type 001	Transaction ID : SB17.117608	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2018	
Mailing Address 300 FIRST STREET SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 320.50	
Purpose of Disbursement MEETING EXPENSES		Category/ Type 001	Transaction ID : SB17.117609	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2018	
Mailing Address PO BOX 1270			FEC Identification Number C	
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 898.06	
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117610	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2018	
Mailing Address PO BOX 9001309			FEC Identification Number C	
City LOUISVILLE	State KY	Zip Code 40290	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.117611	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CAPITAL GRILLE</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2018	
Mailing Address 601 PENNSYLVANIA AVE. NW			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20004	Amount of Each Disbursement this Period 270.08	
Purpose of Disbursement MEETING EXPENSES		Category/ Type 001	Transaction ID : SB17.117613	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	898.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EXXON</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2018	
Mailing Address 542 SOUTH CENTER STREET			FEC Identification Number C	
City EBENSBURG	State PA	Zip Code 15931	Amount of Each Disbursement this Period 78.98	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.117614	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. HOLIDAY INN</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2018	
Mailing Address 1395 WAYNE AVENUE			FEC Identification Number C	
City INDIANA	State PA	Zip Code 15701	Amount of Each Disbursement this Period 312.89	
Purpose of Disbursement LODGING		Category/ Type 001	Transaction ID : SB17.117616	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. MCDONALD'S</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2018	
Mailing Address 10525 SHARPSBURG PIKE			FEC Identification Number C	
City HAGERSTOWN	State MD	Zip Code 21740	Amount of Each Disbursement this Period 14.39	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117617	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. UBER TECHNOLOGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2018	
Mailing Address 800 MARKET STREET 7TH FLOOR			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94115	Amount of Each Disbursement this Period 1.52	
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type 001	Transaction ID : SB17.117619	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. WE THE PIZZA</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2018	
Mailing Address 305 PENNSYLVANIA AVENUE SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 70.73	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117620	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2018	
Mailing Address PO BOX 1270			FEC Identification Number C	
City NEWARK	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 207.45	
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117632	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	207.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PTC EZ PASS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2018
Mailing Address 7631 DERRY STREET		FEC Identification Number C
City HARRISBURG	State PA	Zip Code 17111
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 35.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.117633 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. INTELIUS.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2018
Mailing Address 500 108TH AVE NE 22NF FL		FEC Identification Number C
City BELLEVUE	State WA	Zip Code 98004
Purpose of Disbursement SOFTWARE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 19.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.117634 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2018
Mailing Address 300 FIRST STREET SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement MEETING EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 73.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.117635 <input checked="" type="checkbox"/> Memo Item	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GOOGLE</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2018	
Mailing Address 1600 AMPHITHEATRE PKWY			FEC Identification Number C	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Amount of Each Disbursement this Period 79.50	
Purpose of Disbursement WEB SERVICES		Category/ Type 001	Transaction ID : SB17.117636	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BERKE FARAH LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2018	
Mailing Address 2101 L STREET NW STE. 1000			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20037	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement LEGAL FEES		Category/ Type 001	Transaction ID : SB17.117465	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BERKE FARAH LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2018	
Mailing Address 2101 L STREET NW STE. 1000			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20037	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement LEGAL FEES		Category/ Type 001	Transaction ID : SB17.117533	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BERKE FARAH LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2018
Mailing Address 2101 L STREET NW STE. 1000		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20037
Purpose of Disbursement LEGAL FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BLAIR CO REPUBLICAN COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2018
Mailing Address C/O BETH BRITZ 1009 NEWRY LANE		FEC Identification Number C
City DUNCANSVILLE	State PA	Zip Code 16635
Purpose of Disbursement OFFICE RENT EXPENSE	Category/ Type 001	
Candidate Name <b>BLAIR CO REPUBLICAN COMMITTEE</b>		Amount of Each Disbursement this Period 250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. DOWNTOWN BEDFORD INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2018
Mailing Address PO BOX 286		FEC Identification Number C
City BEDFORD	State PA	Zip Code 15522
Purpose of Disbursement EVENT SPONSORSHIP	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 850.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ELECTEKUSA</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2018		
Mailing Address PO BOX 23715			FEC Identification Number C		
City CHAGRIN FALLS	State OH	Zip Code 44023	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.117467		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. ELECTEKUSA</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2018		
Mailing Address PO BOX 23715			FEC Identification Number C		
City CHAGRIN FALLS	State OH	Zip Code 44023	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.117534		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. ELECTEKUSA</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2018		
Mailing Address PO BOX 23715			FEC Identification Number C		
City CHAGRIN FALLS	State OH	Zip Code 44023	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.117624		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FCMC FOUNDATION</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018		
Mailing Address 214 PEACH ORCHARD ROAD			FEC Identification Number C		
City MCCONNELLSBURG	State PA	Zip Code 17233	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement EVENT SPONSORSHIP		Category/ Type 001	Transaction ID : SB17.117517		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. FIRST COMMONWEALTH BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018		
Mailing Address CREDIT CARD DEPT PO BOX 0537			FEC Identification Number C		
City INDIANA	State PA	Zip Code 15701	Amount of Each Disbursement this Period 402.98		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117518		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018		
Mailing Address 525 ALLEGHENY STREET			FEC Identification Number C		
City HOLLIDAYSBURG	State PA	Zip Code 16648	Amount of Each Disbursement this Period 14.40		
Purpose of Disbursement POSTAGE		Category/ Type 001	Transaction ID : SB17.117519		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	702.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PTC EZ PASS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018
Mailing Address 7631 DERRY STREET		FEC Identification Number C
City HARRISBURG	State PA	Zip Code 17111
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 35.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. 10/09 KITCHEN</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018
Mailing Address 132 E PITT ST		FEC Identification Number C
City BEDFORD	State PA	Zip Code 15522
Purpose of Disbursement MEETING EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 296.36
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. SHEETZ INC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018
Mailing Address 5700 SIXTH AVENUE		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement TRAVEL EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 30.05
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FIRST COMMONWEALTH BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2018	
Mailing Address CREDIT CARD DEPT PO BOX 0537			FEC Identification Number C	
City INDIANA	State PA	Zip Code 15701	Amount of Each Disbursement this Period 44.85	
Purpose of Disbursement SEE MEMO		Category/Type 001	Transaction ID : SB17.117598	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. FIRST COMMONWEALTH BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2018	
Mailing Address CREDIT CARD DEPT PO BOX 0537			FEC Identification Number C	
City INDIANA	State PA	Zip Code 15701	Amount of Each Disbursement this Period 11.01	
Purpose of Disbursement CREDIT CARD FEES		Category/Type 001	Transaction ID : SB17.117599	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BLACK DOG COFFEE &amp; CATERING</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2018	
Mailing Address 519 ALLEGHENY STREET			FEC Identification Number C	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Amount of Each Disbursement this Period 33.84	
Purpose of Disbursement MEETING EXPENSE		Category/Type 001	Transaction ID : SB17.117600	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	44.85
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FIRST COMMONWEALTH BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2018	
Mailing Address CREDIT CARD DEPT PO BOX 0537			FEC Identification Number C	
City INDIANA	State PA	Zip Code 15701	Amount of Each Disbursement this Period 2.21	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : SB17.117627	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. FORD CREDIT</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2018	
Mailing Address BOX 220564			FEC Identification Number C	
City PITTSBURGH	State PA	Zip Code 15257	Amount of Each Disbursement this Period 577.84	
Purpose of Disbursement CAMPAIGN VEHICLE		Category/ Type 001	Transaction ID : SB17.117468	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. I360</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2018	
Mailing Address PO BOX 37046			FEC Identification Number C	
City BALTIMORE	State MD	Zip Code 21297	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.117535	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	630.05
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MAVERICK FINANCE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2018		
Mailing Address 403 N SECOND STREET 2ND FL			FEC Identification Number C		
City HARRISBURG	State PA	Zip Code 17101	Amount of Each Disbursement this Period 474.60		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type 001	Transaction ID : SB17.117479		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. OCCUPATIONAL SERVICES INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2018		
Mailing Address 17 REDWOOD STREET			FEC Identification Number C		
City CHAMBERSBURG	State PA	Zip Code 17201	Amount of Each Disbursement this Period 22.91		
Purpose of Disbursement SHREDDING SERVICE		Category/ Type 001	Transaction ID : SB17.117629		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. OSBAUGH, ROGER, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2018		
Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205			FEC Identification Number C		
City WAYNESBORO	State PA	Zip Code 17268	Amount of Each Disbursement this Period 19.99		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117469		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	517.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DOLLAR GENERAL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2018
Mailing Address 904 BLAIR ST		FEC Identification Number C
City HOLLIDAYSBURG	State PA	Zip Code 16648
Purpose of Disbursement TELEPHONE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 39.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.117470
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. OSBAUGH, ROGER, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018
Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205		FEC Identification Number C
City WAYNESBORO	State PA	Zip Code 17268
Purpose of Disbursement SEE MEMO	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 39.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.117524
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. DOLLAR GENERAL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018
Mailing Address 904 BLAIR ST		FEC Identification Number C
City HOLLIDAYSBURG	State PA	Zip Code 16648
Purpose of Disbursement TELEPHONE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 39.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.117525
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	39.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. OSBAUGH, ROGER, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2018		
Mailing Address 6575 ORPHANAGE RD. WESLEY HOUSE APT. 205					
City WAYNESBORO	State PA	Zip Code 17268	FEC Identification Number C		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Amount of Each Disbursement this Period 109.97		
Candidate Name		Transaction ID : SB17.117625			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. DOLLAR GENERAL</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2018		
Mailing Address 904 BLAIR ST					
City HOLLIDAYSBURG	State PA	Zip Code 16648	FEC Identification Number C		
Purpose of Disbursement TELEPHONE		Category/ Type 001	Amount of Each Disbursement this Period 109.97		
Candidate Name		Transaction ID : SB17.117626			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. PROFESSIONAL DATA SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2018		
Mailing Address 824 S MILLEDGE AVE STE 101					
City ATHENS	State GA	Zip Code 30605	FEC Identification Number C		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type 001	Amount of Each Disbursement this Period 1700.00		
Candidate Name		Transaction ID : SB17.117536			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1809.97
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PROFESSIONAL DATA SERVICES</b>		Date of Disbursement
Mailing Address 824 S MILLEDGE AVE STE 101		M M / D D / Y Y Y Y 02 / 26 / 2018
City ATHENS	State GA	Zip Code 30605
Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1883.12
State: _____ District: _____		Transaction ID : SB17.117602 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. S&amp;T BANK</b>		Date of Disbursement
Mailing Address 1100 LOGAN BLVD		M M / D D / Y Y Y Y 01 / 02 / 2018
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement BANK FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	50.00
State: _____ District: _____		Transaction ID : SB17.117447 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. S&amp;T BANK</b>		Date of Disbursement
Mailing Address 1100 LOGAN BLVD		M M / D D / Y Y Y Y 01 / 03 / 2018
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement BANK FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	30.00
State: _____ District: _____		Transaction ID : SB17.117463 <input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1963.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. S&amp;T BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2018		
Mailing Address 1100 LOGAN BLVD			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 80.00		
Purpose of Disbursement BANK FEES		Category/ Type 001	Transaction ID : SB17.117532		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. S&amp;T BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2018		
Mailing Address 1100 LOGAN BLVD			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16602	Amount of Each Disbursement this Period 80.00		
Purpose of Disbursement BANK FEES		Category/ Type 001	Transaction ID : SB17.117622		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. STRAESSER, WILLIAM, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2018		
Mailing Address PO BOX 1023			FEC Identification Number C		
City ALTOONA	State PA	Zip Code 16603	Amount of Each Disbursement this Period 227.73		
Purpose of Disbursement SEE MEMO		Category/ Type 001	Transaction ID : SB17.117471		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	387.73
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STRAESSER, WILLIAM, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2018	
Mailing Address PO BOX 1023			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16603	Amount of Each Disbursement this Period 140.00	
Purpose of Disbursement MILEAGE		Category/ Type 001	Transaction ID : SB17.117472	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. JETHROS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2018	
Mailing Address 417 PARKVIEW LANE			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16601	Amount of Each Disbursement this Period 26.03	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117473	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. KINGS FAMILY RESTAURANT</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2018	
Mailing Address 1180 NORTH CENTER AVENUE			FEC Identification Number C	
City SOMERSET	State PA	Zip Code 15501	Amount of Each Disbursement this Period 13.78	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : SB17.117474	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 56	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2018
Mailing Address 525 ALLEGHENY STREET		FEC Identification Number C
City HOLLIDAYSBURG	State PA	Zip Code 16648
Purpose of Disbursement POSTAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 9.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. THE JOSEPH F. BIDDLE PUBLISHING CO</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018
Mailing Address THE DAILY NEWS/THE DAILY HERALD PO BOX 384		FEC Identification Number C
City HUNTINGDON	State PA	Zip Code 16652
Purpose of Disbursement ADVERTISING EXPENSE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 153.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2018
Mailing Address 525 ALLEGHENY STREET		FEC Identification Number C
City HOLLIDAYSBURG	State PA	Zip Code 16648
Purpose of Disbursement PO BOX RENTAL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 60.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	213.50
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 56			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2018		
Mailing Address PO BOX 15026			FEC Identification Number C		
City ALBANY	State NY	Zip Code 12212	Amount of Each Disbursement this Period 98.81		
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.117482		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018		
Mailing Address PO BOX 15026			FEC Identification Number C		
City ALBANY	State NY	Zip Code 12212	Amount of Each Disbursement this Period 98.72		
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.117528		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2018		
Mailing Address PO BOX 15026			FEC Identification Number C		
City ALBANY	State NY	Zip Code 12212	Amount of Each Disbursement this Period 98.81		
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.117596		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	296.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 56			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2018		
Mailing Address PO BOX 15026			FEC Identification Number C		
City ALBANY	State NY	Zip Code 12212	Amount of Each Disbursement this Period 162.93		
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.117605		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. VERIZON</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2018		
Mailing Address PO BOX 15026			FEC Identification Number C		
City ALBANY	State NY	Zip Code 12212	Amount of Each Disbursement this Period 98.81		
Purpose of Disbursement TELEPHONE		Category/ Type 001	Transaction ID : SB17.117631		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	261.74
<b>TOTAL</b> This Period (last page this line number only).....▶	24228.86

**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 OF 56			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ARISON, MICKY, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 3655 NW 87TH AVENUE			FEC Identification Number C		
City MIAMI	State FL	Zip Code 33178	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20A.117641		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. AUSTIN, DIONNE, CHOUEST, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 16201 E MAIN ST			FEC Identification Number C		
City CUT OFF	State LA	Zip Code 70345	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20A.117548		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. CASHMAN, JAY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 549 SOUTH ST.			FEC Identification Number C		
City QUINCY	State MA	Zip Code 02169	Amount of Each Disbursement this Period 2300.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20A.117550		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 56			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHOUEST, CAROLYN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address PO BOX 310					
City GALLIANO	State LA	Zip Code 70354	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Amount of Each Disbursement this Period 2700.00		
Candidate Name		Transaction ID : SB20A.117542			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. CHOUEST, GARY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address PO BOX 310					
City GALLIANO	State LA	Zip Code 70354	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Amount of Each Disbursement this Period 2700.00		
Candidate Name		Transaction ID : SB20A.117549			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. CHOUEST, ROSS, M, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 16201 E MAIN ST					
City CUT OFF	State LA	Zip Code 70345	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Amount of Each Disbursement this Period 2700.00		
Candidate Name		Transaction ID : SB20A.117558			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 56			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHOUEST, CASEY, J., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 16055 E MAIN ST					
City CUT OFF	State LA	Zip Code 70345	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Amount of Each Disbursement this Period 2700.00		
Candidate Name		Transaction ID : SB20A.117543			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. CHOUEST, DINO, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address PO BOX 310					
City GALLIANO	State LA	Zip Code 70354	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Amount of Each Disbursement this Period 2700.00		
Candidate Name		Transaction ID : SB20A.117547			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. CHOUEST, DAMON, C., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address PO BOX 310					
City GALLIANO	State LA	Zip Code 70354	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Amount of Each Disbursement this Period 2700.00		
Candidate Name		Transaction ID : SB20A.117546			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:	<input type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8100.00
<b>TOTAL</b> This Period (last page this line number only).....	8100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 56			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FAIN, RICHARD, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 700 ARVIDA PKWY			FEC Identification Number C		
City CORAL GABLES	State FL	Zip Code 33156	Amount of Each Disbursement this Period 1400.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20A.117556		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. HAMMEL, CHARLES, L., , III</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 609 ACADEMY AVE			FEC Identification Number C		
City SEWICKLEY	State PA	Zip Code 15143	Amount of Each Disbursement this Period 2300.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20A.117544		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. HARDY, JOSEPH, A., , III</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 1019 ROUTE 519 BUILDING #5			FEC Identification Number C		
City EIGHTY FOUR	State PA	Zip Code 15330	Amount of Each Disbursement this Period 2300.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20A.117552		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 56			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. HARROD INVESTMENTS II, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 5550 W. EXECUTIVE DR. STE. 550			FEC Identification Number C		
City TAMPA	State FL	Zip Code 33609	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20A.117563		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. JOHN CHRISTNER TRUCKING, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address PO BOX 1900			FEC Identification Number C		
City SAPULPA	State OK	Zip Code 74067	Amount of Each Disbursement this Period 2300.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20A.117562		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. JOHNSON, THOMAS, L., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 4105 SHIMMERING COVE			FEC Identification Number C		
City AUSTIN	State TX	Zip Code 78731	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20A.117559		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 56			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LAMARPAC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address PO BOX 66338			FEC Identification Number C C00174599		
City BATON ROUGE	State LA	Zip Code 70896	Amount of Each Disbursement this Period 2500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20A.117575		
Candidate Name LAMARPAC		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. LANHAM, ROBERT, C, MR., JR</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 2210 BRITTON RIDGE DRIVE			FEC Identification Number C		
City KATY	State TX	Zip Code 77494	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20A.117557		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C. LANHAM, PAMELA, J., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 2210 BRITTON RIDGE DR			FEC Identification Number C		
City KATY	State TX	Zip Code 77494	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20A.117554		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 56			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LITTLEFAIR, ANDREW, J., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 124 VIA TRIESTE			FEC Identification Number C		
City NEWPORT BEACH	State CA	Zip Code 92663	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20A.117540		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. MCGIVERN, TIMOTHY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 1335 R STREET NW #2			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20009	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20A.117560		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. MITCHELL, WARREN, I., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 16291 BOLERO LN			FEC Identification Number C		
City HUNTINGTON BEACH	State CA	Zip Code 92649	Amount of Each Disbursement this Period 2700.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20A.117561		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 56			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PLANK, MICHAEL, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 225 HEDWIG ROAD					
City HOUSTON	State TX	Zip Code 77024	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Amount of Each Disbursement this Period 2700.00		
Candidate Name		Transaction ID : SB20A.117553			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. THOMAS, CLIFTON, L., , JR.</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address PO BOX 2748					
City VICTORIA	State TX	Zip Code 77902	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Amount of Each Disbursement this Period 2700.00		
Candidate Name		Transaction ID : SB20A.117545			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. TISEI, RICHARD, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 703 MAIN ST					
City WAKEFIELD	State MA	Zip Code 01880	FEC Identification Number C		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Amount of Each Disbursement this Period 2700.00		
Candidate Name		Transaction ID : SB20A.117555			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:	<input type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 56			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WEISMAN, JOHN, R., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 8623 FM 1102			FEC Identification Number <b>C</b>		
City NEW BRAUNFELS	State TX	Zip Code 78132			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : <b>SB20A.117551</b>		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

Full Name (Last, First, Middle Initial) <b>B. WEISMAN, ANNE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018		
Mailing Address 8623 FM 1102			FEC Identification Number <b>C</b>		
City NEW BRAUNFELS	State TX	Zip Code 78132			
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : <b>SB20A.117541</b>		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number <b>C</b>		
City	State	Zip Code			
Purpose of Disbursement			<input type="checkbox"/> Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	59400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AECOM PAC</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2018
Mailing Address 2101 WILSON BOULEVARD 7TH FLOOR		FEC Identification Number C 000374447
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement CONTRIBUTION REFUND	Category/Type 010	Amount of Each Disbursement this Period 5000.00
Candidate Name AECOM PAC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB20C.117564 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AIR LINE PILOTS ASSOCIATION PAC</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2018
Mailing Address 1625 MASSACHUSETTS AVE NW		FEC Identification Number C 00035451
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement CONTRIBUTION REFUND	Category/Type 010	Amount of Each Disbursement this Period 2000.00
Candidate Name AIR LINE PILOTS ASSOCIATION PAC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB20C.117565 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AIRLINES FOR AMERICA (A4A) POLITICAL ACTION COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2018
Mailing Address 1301 PENNSYLVANIA AVENUE NW		FEC Identification Number C 00114694
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement CONTRIBUTION REFUND	Category/Type 010	Amount of Each Disbursement this Period 5000.00
Candidate Name AIRLINES FOR AMERICA (A4A) POLITICAL ACTION COMMITTEE	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : SB20C.117592 <input type="checkbox"/> Memo Item	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMALGAMATED TRANSIT UNION-COPE PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018
Mailing Address 5025 WISCONSIN AVE NW		FEC Identification Number C C00032995
City WASHINGTON	State DC	Zip Code 20016
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type 010	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>AMALGAMATED TRANSIT UNION-COPE PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : <b>SB20C.117566</b> <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN IRON AND STEEL INSTITUTE POLITICAL ACTION COMMITTEE (STEEL PAC)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018
Mailing Address 1140 CONNECTICUT AVENUE, NW SUITE 705		FEC Identification Number C C00295097
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type 010	Amount of Each Disbursement this Period 2000.00
Candidate Name AMERICAN IRON AND STEEL INSTITUTE POLITICAL ACTION COMMITTEE (STEEL PAC)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : <b>SB20C.117514</b> <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN WATERWAYS OPERATORS PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018
Mailing Address 801 QUINCY ST N SUITE 200		FEC Identification Number C C00034678
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type 010	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>AMERICAN WATERWAYS OPERATORS PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : <b>SB20C.117567</b> <input type="checkbox"/> Memo Item	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ARCELORMITTAL USA LLC GOOD GOVERNMENT COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018	
Mailing Address 1808 EYE STREET NW 5TH FLOOR			FEC Identification Number C C00104109	
City WASHINGTON	State DC	Zip Code 20006	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20C.117515	
Candidate Name ARCELORMITTAL USA LLC GOOD GOVERNMENT COMMITTEE		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ASSOCIATED BUILDERS &amp; CONTRACTORS PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018	
Mailing Address 4250 FAIRFAX DR N NINTH FLOOR			FEC Identification Number C C00010421	
City ARLINGTON	State VA	Zip Code 22203	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20C.117568	
Candidate Name ASSOCIATED BUILDERS & CONTRACTORS PAC		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. ASSOCIATED GENERAL CONTRACTORS PAC (AGC PAC)</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018	
Mailing Address 2300 WILSON BLVD, SUITE 400			FEC Identification Number C C00082917	
City ARLINGTON	State VA	Zip Code 22201	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20C.117569	
Candidate Name ASSOCIATED GENERAL CONTRACTORS PAC (AGC PAC)		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BNSF RAILPAC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018
Mailing Address 500 NEW JERSEY AVE NW SUITE 550		FEC Identification Number C C00235739
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type 010	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>BNSF RAILPAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : <b>SB20C.117570</b> <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. DAY &amp; ZIMMERMAN INC FEDERAL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018
Mailing Address 1655 FORT MYER DR N SUITE 520		FEC Identification Number C C00341271
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type 010	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>DAY &amp; ZIMMERMAN INC FEDERAL</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : <b>SB20C.117571</b> <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. DEERE AND COMPANY PAC (AKA JOHN DEERE PAC)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2018
Mailing Address ONE JOHN DEERE PLACE		FEC Identification Number C C00204099
City MOLINE	State IL	Zip Code 61265
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type 010	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>DEERE AND COMPANY PAC (AKA JOHN DEERE PAC)</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Transaction ID : <b>SB20C.117516</b> <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DEERE AND COMPANY PAC (AKA JOHN DEERE PAC)</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018	
Mailing Address ONE JOHN DEERE PLACE			FEC Identification Number C 00204099	
City MOLINE	State IL	Zip Code 61265	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20C.117593	
Candidate Name DEERE AND COMPANY PAC (AKA JOHN DEERE PAC)		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ENGINEERS POLITICAL EDUCATION COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018	
Mailing Address 1125 SEVENTEENTH STREET NW			FEC Identification Number C 00029504	
City WASHINGTON	State DC	Zip Code 20036	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20C.117585	
Candidate Name ENGINEERS POLITICAL EDUCATION COMMITTEE		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. FLORIDA EAST COAST INDUSTRIES INC GOOD GOVERNMENT COMMITTEE (FECI PAC)</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018	
Mailing Address 2855 LE JEUNE ROAD 4TH FLOOR			FEC Identification Number C 00544908	
City CORAL GABLES	State FL	Zip Code 33134	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20C.117594	
Candidate Name FLORIDA EAST COAST INDUSTRIES INC GOOD GOVERNMENT COMMITTEE (FECI PAC)		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FOOD MARKETING INSTITUTE PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018
Mailing Address 2345 CRYSTAL DR SUITE 800		FEC Identification Number C C00014555
City WASHINGTON	State DC	Zip Code 22202
Purpose of Disbursement CONTRIBUTION REFUND		010
Candidate Name <b>FOOD MARKETING INSTITUTE PAC</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2500.00
State: District:		Transaction ID : SB20C.117572 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. GREAT AMERICA COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018
Mailing Address PO BOX 28022		FEC Identification Number C C00640664
City WASHINGTON	State DC	Zip Code 20038
Purpose of Disbursement CONTRIBUTION REFUND		010
Candidate Name <b>GREAT AMERICA COMMITTEE</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2700.00
State: District:		Transaction ID : SB20C.117588 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. HNTB HOLDINGS LTD PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018
Mailing Address 715 KIRK DR		FEC Identification Number C C00386029
City KANSAS CITY	State MO	Zip Code 64105
Purpose of Disbursement CONTRIBUTION REFUND		010
Candidate Name <b>HNTB HOLDINGS LTD PAC</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2700.00
State: District:		Transaction ID : SB20C.117573 <input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018
Mailing Address 7234 PARKWAY DRIVE		FEC Identification Number C C00000885
City HANOVER	State MD	Zip Code 21076
Purpose of Disbursement CONTRIBUTION REFUND		010
Candidate Name INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES PAC		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 2500.00	
		Transaction ID : SB20C.117589
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. JETBLUE AIRWAYS CORPORATION CREWMEMBER GOOD GOVERNMENT FUND (JETBLUE PAC)</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018
Mailing Address 1212 NEW YORK AVE NW STE 1212		FEC Identification Number C C00484584
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement CONTRIBUTION REFUND		010
Candidate Name JETBLUE AIRWAYS CORPORATION CREWMEMBER GOOD GOVERNMENT FUND (JETBLUE PAC)		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 5000.00	
		Transaction ID : SB20C.117587
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. KOCH PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018
Mailing Address 655 15TH ST NW SUITE 445		FEC Identification Number C C00236489
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement CONTRIBUTION REFUND		010
Candidate Name KOCH PAC		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 1500.00	
		Transaction ID : SB20C.117574
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LIBERTY MUTUAL INSURANCE COMPANY - PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018	
Mailing Address 175 BERKELEY STREET			FEC Identification Number C C00171843	
City BOSTON	State MA	Zip Code 02117	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20C.117590	
Candidate Name LIBERTY MUTUAL INSURANCE COMPANY - PAC		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. LOWE'S COMPANIES INC PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018	
Mailing Address 1000 LOWE'S BOULEVARD			FEC Identification Number C C00251751	
City MOORESVILLE	State NC	Zip Code 28117	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20C.117576	
Candidate Name LOWE'S COMPANIES INC PAC		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. NSSGA ROCKPAC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018	
Mailing Address 1605 KING ST			FEC Identification Number C C00089458	
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20C.117577	
Candidate Name NSSGA ROCKPAC		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. OUTBACK STEAKHOUSE INC (BLOOMIN' BRANDS) PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018
Mailing Address 2202 WESTSHORE BLVD FL 5 N		FEC Identification Number C C00253153
City TAMPA	State FL	Zip Code 33607
Purpose of Disbursement CONTRIBUTION REFUND	Category/Type 010	
Candidate Name OUTBACK STEAKHOUSE INC (BLOOMIN' BRANDS) PAC		Amount of Each Disbursement this Period 2000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB20C.117578 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. OUTDOOR ADVERTISING ASSOC OF AMERICA PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018
Mailing Address 1850 M ST NW SUITE 1040		FEC Identification Number C C00045781
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement CONTRIBUTION REFUND	Category/Type 010	
Candidate Name OUTDOOR ADVERTISING ASSOC OF AMERICA PAC		Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB20C.117595 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. RAYTHEON PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018
Mailing Address 1100 WILSON BOULEVARD SUITE 1500		FEC Identification Number C C00097568
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CONTRIBUTION REFUND	Category/Type 010	
Candidate Name RAYTHEON PAC		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB20C.117579 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. REPUBLICAN MAINSTREET PARTNERSHIP PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018	
Mailing Address C/O G&A;W 2201 WISCONSIN AVE., N SUITE 320			FEC Identification Number C C00165159	
City WASHINGTON	State DC	Zip Code 20007	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20C.117586	
Candidate Name REPUBLICAN MAINSTREET PARTNERSHIP PAC		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. RETAIL LEADERS PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018	
Mailing Address 1700 N. MOORE STREET SUITE 2250			FEC Identification Number C C00112763	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20C.117580	
Candidate Name RETAIL LEADERS PAC		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. THE HOME DEPOT INC. PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018	
Mailing Address 101 CONSTITUTION AVE NW SUITE 800 WEST			FEC Identification Number C C00284885	
City WASHINGTON	State DC	Zip Code 20001	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : SB20C.117581	
Candidate Name THE HOME DEPOT INC. PAC		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE WILLIAMS COMPANIES INC PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018
Mailing Address 1627 I STREET NW SUITE 900		FEC Identification Number C C00040394
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type 010
Candidate Name <b>THE WILLIAMS COMPANIES INC PAC</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB20C.117582
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. UNITED BROTHERHOOD OF CARPENTERS/JOINERS OF AMER NEW ENGLAND REG CARPENTERS LEGIS EMP CMTE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018
Mailing Address 750 DORCHESTER AVE		FEC Identification Number C C00150045
City BOSTON	State MA	Zip Code 02125
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type 010
Candidate Name UNITED BROTHERHOOD OF CARPENTERS/JOINERS OF AMER NEW ENGLAND REG CARPENTERS LEGIS EMP CMTE		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB20C.117591
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. UNITED BROTHERHOOD OF CARPENTERS/JOINERS OF AMER NEW ENGLAND REG CARPENTERS LEGIS EMP CMTE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2018
Mailing Address 750 DORCHESTER AVE		FEC Identification Number C C00150045
City BOSTON	State MA	Zip Code 02125
Purpose of Disbursement CONTRIBUTION REFUND		Category/Type 010
Candidate Name UNITED BROTHERHOOD OF CARPENTERS/JOINERS OF AMER NEW ENGLAND REG CARPENTERS LEGIS EMP CMTE		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB20C.117630
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. UNITED TRANSPORTATION UNION PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018
Mailing Address 24950 COUNTRY CLUB BLVD-STE 340		FEC Identification Number C C00001636
City NORTH OLMSTED	State OH	Zip Code 44070
Purpose of Disbursement CONTRIBUTION REFUND		010
Candidate Name <b>UNITED TRANSPORTATION UNION PAC</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 2500.00	
		Transaction ID : SB20C.117583
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. VERIZON COMMUNICATION INC GOOD GOVT</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2018
Mailing Address 1300 I ST NW SUITE 400 W		FEC Identification Number C C00186288
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement CONTRIBUTION REFUND		010
Candidate Name <b>VERIZON COMMUNICATION INC GOOD GOVT</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period 2500.00	
		Transaction ID : SB20C.117584
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Amount of Each Disbursement this Period	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	124900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 56	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF MIKE BAKER</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2018
Mailing Address PO BOX 1231		FEC Identification Number C
City INDIANA	State PA	Zip Code 15701
Purpose of Disbursement CONTRIBUTION (STATE COMMITTEE)		011
Candidate Name <b>FRIENDS OF MIKE BAKER</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB21.117531
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. MARYLANDERS FOR CRAIG WOLF</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2018
Mailing Address PO BOX 2962		FEC Identification Number C
City ANNAPOLIS	State MD	Zip Code 21404
Purpose of Disbursement CONTRIBUTION (STATE COMMITTEE)		011
Candidate Name <b>MARYLANDERS FOR CRAIG WOLF</b>		Amount of Each Disbursement this Period 2700.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB21.117537
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3700.00