

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

2. FEC IDENTIFICATION NUMBER

C C00364935

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

PA

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X

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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

11 / 27 / 2012

through

M M /

D D /

Y Y Y Y

12 / 31 / 2012

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 PAUL A KILGORE

Signature of Treasurer PAULA KILGORE

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

01 / 31 / 2013

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

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))....	54250.00	55750.00
(b) Total Contribution Refunds (from Line 20(d)) .....	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	53250.00	54750.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	62786.06	132149.12
(b) Total Offsets to Operating Expenditures (from Line 14).....	211.90	241.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	62574.16	131907.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	284858.84	
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 12/2003)

Write or Type Committee Name

**BILL SHUSTER FOR CONGRESS**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39250.00	40750.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	39250.00	40750.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	15000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	54250.00	55750.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	211.90	241.67
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	54461.90	55991.67

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	62786.06	132149.12
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 .....	500.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	1000.00
21. OTHER DISBURSEMENTS .....	4000.00	7000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	67786.06	140149.12

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	298183.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	54461.90
25. SUBTOTAL (add Line 23 and Line 24).....	352644.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67786.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	284858.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS G. BICE**

Mailing Address 412 SETTLERS VILLAGE CIRCLE

City State Zip Code  
CRANBERRY TOWNSHIP PA 16066

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

Name of Employer Occupation  
URS VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 13 2012

**Transaction ID : SA11AI.102302**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BEN R BUTLER**

Mailing Address 509 7TH ST NW  
FIFTH FLOOR

City State Zip Code  
WASHINGTON DC 20004

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

Name of Employer Occupation  
PUBLIC PROPERTIES LLC PRINCIPAL - COMMERCIAL REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 11 2012

**Transaction ID : SA11AI.102310**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**BEN R BUTLER**

Mailing Address 509 7TH ST NW  
FIFTH FLOOR

City State Zip Code  
WASHINGTON DC 20004

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

Name of Employer Occupation  
PUBLIC PROPERTIES LLC PRINCIPAL - COMMERCIAL REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 11 2012

**Transaction ID : SA11AI.102311**

Amount of Each Receipt this Period  
 2500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH E. CARVIN JR.**

Mailing Address 55 HILLANDALE RD.

City RYE BROOK State NY Zip Code 10573

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

Name of Employer ALTIMA ADVISORS Occupation PORTFOLIO MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2012

**Transaction ID : SA11AI.102305**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**BRIAN J. CLARK**

Mailing Address 133 W. LOCUST ST. STE. 217

City MECHANICSBURG State PA Zip Code 17055

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

Name of Employer BUCHANAN INGERSOLL AND ROONEY Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2012

**Transaction ID : SA11AI.102295**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**GEORGE I. CLENDANIEL JR.**

Mailing Address 2664 QUAIL HILL DRIVE

City PITTSBURGH State PA Zip Code 15241

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2012

**Transaction ID : SA11AI.102272**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**COASTAL DISTRIBUTION LLC**

Mailing Address 1633 NEW HIGHWAY

City State Zip Code  
FARMINGDALE NY 11735

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 13 2012

**Transaction ID : SA11AI.102308**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH RUTIGLIANO**

Mailing Address 1633 NEW HIGHWAY

City State Zip Code  
FARMINGDALE NY 11735

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

Name of Employer Occupation  
COASTAL DISTRIBUTION LLC PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 13 2012

**Transaction ID : SA11AI.102309**

Amount of Each Receipt this Period  
 1000.00

**[MEMO ITEM]  
PARTNERSHIP COASTAL DISTRIBUTION LLC**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. RICHELLE A. DURBIN**

Mailing Address 12 EMLYN LN

City State Zip Code  
MECHANICSBURG PA 17055

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 21 2012

**Transaction ID : SA11AI.102378**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**WILMER I FLORES**

Mailing Address 1 DANIELS PLACE

City State Zip Code  
WHITE PLAINS NY 10604

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

Name of Employer Occupation  
HNTB PROGRAM MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 13 2012

**Transaction ID : SA11AI.102303**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**BRIAN S. FUNKHOUSER**

Mailing Address 6221 CELINE DR.

City State Zip Code  
DOVER PA 17315

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

Name of Employer Occupation  
BUCHART BASCO HORN PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 13 2012

**Transaction ID : SA11AI.102296**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**ANDREW J GIORGIONE**

Mailing Address 2911 2ND ST N

City State Zip Code  
HARRISBURG PA 17110

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

Name of Employer Occupation  
BUCHANAN INGERSOLL & ROONEY, PC ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 13 2012

**Transaction ID : SA11AI.102300**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DENISE A. GMERK**

Mailing Address 1102 WALTONVILLE ROAD

City State Zip Code  
HUMMELSTOWN PA 17036

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 13 / 2012

**Transaction ID : SA11AI.102294**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 222 VANDERBILT RD.

City State Zip Code  
CONNELLSVILLE PA 15425

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

Name of Employer Occupation  
SHALLENBERGER CONSTRUCTION OFFICE PERSONNEL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 12 / 2012

**Transaction ID : SA11AI.102285**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 1129 BOYD AVENUE

City State Zip Code  
JOHNSTOWN PA 15905

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

Name of Employer Occupation  
CROWN AMERICAN REALTY TRUST REGIONAL PROJECT MGR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 21 / 2012

**Transaction ID : SA11AI.102379**

Amount of Each Receipt this Period  
500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DAVID HERROLTZ**

Mailing Address **NEED**

City **NEED** State **GA** Zip Code **NEED**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 12 / 2012**

**Transaction ID : SA11AI.102282**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address **7424 VIEW CREST DR.**

City **HARRISBURG** State **PA** Zip Code **17112**

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

Name of Employer **ADS PIPE** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 30 / 2012**

**Transaction ID : SA11AI.102454**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **101 LAUREL HILLS LANE**

City **CANFIELD** State **OH** Zip Code **44406**

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

Name of Employer **RAILWORKS CORP** Occupation **CONTRACTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2012**

**Transaction ID : SA11AI.102459**

Amount of Each Receipt this Period  
**250.00**

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

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

**3250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**HOLLY K. KINSER**

Mailing Address 2023 RODMAN ST.

City PHILADELPHIA State PA Zip Code 19146

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

Name of Employer KINSER GROUP Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2012

**Transaction ID : SA11AI.102304**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**SHAWN M LONG**

Mailing Address 110 WELLINGTON WAY

City JOHNSTOWN State PA Zip Code 15904

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

Name of Employer MEDCOMSOFT Occupation CEO/OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 03 / 2012

**Transaction ID : SA11AI.102455**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**TRENT E MARSHALL**

Mailing Address 6086 ROLLING GREEN DRIVE

City GRAND BLANC State MI Zip Code 48439

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

Name of Employer PROGRESS RAIL EQUIPMENT LEASING Occupation VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2012

**Transaction ID : SA11AI.102458**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**BARBARA MCNEES**

Mailing Address 221 COUNTRY CLUB DR

City State Zip Code  
ELLWOOD CITY PA 16117

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

Name of Employer Occupation  
GREATER PITTSBURGH CHAMBER PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2012

**Transaction ID : SA11AI.102307**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**J. DAVID MINOR**

Mailing Address 624 VALLEY VIEW ROAD

City State Zip Code  
EIGHTY FOUR PA 15330

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

Name of Employer Occupation  
A&K RAILROAD MATERIALS INC. VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2012

**Transaction ID : SA11AI.102457**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**DAVID D OSIKOWICZ**

Mailing Address PO BOX 343

City State Zip Code  
PUNXSUTAWNEY PA 15767

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

Name of Employer Occupation  
VALIER COAL YARD OWNER/COAL MINER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2012

**Transaction ID : SA11AI.102297**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL D PANICHELLI**

Mailing Address 1533 CRESCENT ROAD

City State Zip Code  
CLIFTON PARK NY 12065

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

Name of Employer Occupation  
MJ ENGINEERING & LAND SURVEYING ENGINEERING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2012

**Transaction ID : SA11AI.102335**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 6596 CHEROKEE TRAIL WEST

City State Zip Code  
EDEN PRAIRIE MN 55344

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

Name of Employer Occupation  
LORAM MAINTENANCE OF WAY INC. VP OF FLEET OPERATIONS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2012

**Transaction ID : SA11AI.102456**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**DOMENIC M. PICCOLOMINI**

Mailing Address 235 NEW SALEM ROAD

City State Zip Code  
UNIONTOWN PA 15401

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

Name of Employer Occupation  
SPK ENGINEERING INC. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2012

**Transaction ID : SA11AI.102292**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**SHAWN M. PILLA**

Mailing Address **PO BOX 201**

City **CONNELLSVILLE** State **PA** Zip Code **15425**

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

Name of Employer **CARRY ALL PRODUCTS** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 07 / 2012**

**Transaction ID : SA11Al.102258**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address **1072 CENTER ST N**

City **EBENSBURG** State **PA** Zip Code **15931**

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

Name of Employer **ST FRANCIS UNIVERSITY** Occupation **VP - STRATEGIC INITIATIVES**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 13 / 2012**

**Transaction ID : SA11Al.102293**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**TERRANCE SHALLENBERGER JR.**

Mailing Address **195 ENTERPRISE LANE**

City **CONNELLSVILLE** State **PA** Zip Code **15425**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 12 / 2012**

**Transaction ID : SA11Al.102284**

Amount of Each Receipt this Period  
**2500.00**

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

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

**5500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**TERRENCE C. SHALLENBERGER**

Mailing Address 2611 MEMORIAL BLVD.

City CONNELLSVILLE	State PA	Zip Code 15425
-----------------------	-------------	-------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 12 / 2012

**Transaction ID : SA11AI.102283**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**FRANK G SINATRA**

Mailing Address 31 WEST 52ND STREET

City NEW YORK	State NY	Zip Code 10019
------------------	-------------	-------------------

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

Name of Employer HOLLAND & KNIGHT LLP	Occupation SENIOR COUNSEL
--	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2012

**Transaction ID : SA11AI.102299**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**F. RANDALL SMITH**

Mailing Address 325 EAST 53RD STREET  
NUMBER 3

City NEW YORK	State NY	Zip Code 10022
------------------	-------------	-------------------

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

Name of Employer CAPITAL COUNSEL, LLC	Occupation INVESTMENT ADVISOR
--	----------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 13 / 2012

**Transaction ID : SA11AI.102291**

Amount of Each Receipt this Period  
2000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**CDR MARTIN E TORREY**

Mailing Address 10 ARBOR LN

City State Zip Code  
CLIFTON PARK NY 12065

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

Name of Employer Occupation  
SELF EMPLOYED CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 13 / 2012

**Transaction ID : SA11AI.102306**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**PAULA A. VITZ**

Mailing Address 265 BROOKVIEW DR.

City State Zip Code  
RED LION PA 17356

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

Name of Employer Occupation  
CAPITAL ASSOCIATES LOBBYIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 13 / 2012

**Transaction ID : SA11AI.102301**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**DARRELL L WILSON**

Mailing Address 605 FONTAINE ST

City State Zip Code  
ALEXANDRIA VA 22302

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

Name of Employer Occupation  
NORFOLK SOUTHERN CORPORATION DIRECTOR PUBLIC AFFAIRS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 13 / 2012

**Transaction ID : SA11AI.102298**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 53
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. HAROLD WRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2012	
Mailing Address 618 SHOEMAKER RD.		<b>Transaction ID : SA11AI.102452</b>	
City KING OF PRUSSIA	State PA	Zip Code 19406	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>B. HAROLD WRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2012	
Mailing Address 618 SHOEMAKER RD.		<b>Transaction ID : SA11AI.102453</b>	
City KING OF PRUSSIA	State PA	Zip Code 19406	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>C. LEROY S ZIMMERMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2012	
Mailing Address PO BOX 789		<b>Transaction ID : SA11AI.102290</b>	
City HARRISBURG	State PA	Zip Code 17108	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer ECKERT SEAMANS	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	39250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ATLAS AIR WORLDWIDE HOLDINGS INC. PAC**

Mailing Address 2000 WESTCHESTER AVE

City PURCHASE State NY Zip Code 10677

FEC ID number of contributing federal political committee. **C** C00478099

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2012

**Transaction ID : SA11C.102287**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**ATLAS AIR WORLDWIDE HOLDINGS INC. PAC**

Mailing Address 2000 WESTCHESTER AVE

City PURCHASE State NY Zip Code 10677

FEC ID number of contributing federal political committee. **C** C00478099

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2012

**Transaction ID : SA11C.102288**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**K&L GATES LLP PAC**

Mailing Address 1601 K STREET NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00213173

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2012

**Transaction ID : SA11C.102280**

Amount of Each Receipt this Period  
 1000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS PAC (MAPPS PAC)

Mailing Address 1856 OLD RESTON AVENUE, SUITE 205

City RESTON State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00233247

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2012

**Transaction ID : SA11C.102336**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF TRAILER MANUFACTURERS POLITICAL ACTION COMMITTEE

Mailing Address 1320 SW TOPEKA BOULEVARD

City TOPEKA State KS Zip Code 66612

FEC ID number of contributing federal political committee. **C** C00490987

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2012

**Transaction ID : SA11C.102279**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NISOURCE INC. PAC**

Mailing Address 200 CIVIC CENTER DR

City COLUMBUS State OH Zip Code 43215

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2012

**Transaction ID : SA11C.102289**

Amount of Each Receipt this Period  
 5000.00

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**UNITED STATES STEEL PAC**

Mailing Address 600 GRANT STREET

City State Zip Code  
PITTSBURGH PA 15219

FEC ID number of contributing federal political committee. **C** C00030676

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 13 2012

**Transaction ID : SA11C.102286**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**WOOLPERT, INC. PAC**

Mailing Address 4454 IDEA CENTER BLVD.

City State Zip Code  
DAYTON OH 45430

FEC ID number of contributing federal political committee. **C** C00479899

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 10 2012

**Transaction ID : SA11C.102273**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2500.00

15000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 53
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**STATE FARM INSURANCE**

Mailing Address 715 LEXINGTON AVENUE

City ALTOONA State PA Zip Code 16601

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
241.67

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2012

**Transaction ID : SA14.102345**

Amount of Each Receipt this Period  
 211.90  
 REFUND

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

211.90

211.90

**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 53			
	<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. 401 GROUP LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 401 NORTH SECOND STREET		Amount of Each Disbursement this Period 578.75 <b>Transaction ID : SB17.102225</b>
City HARRISBURG	State PA	
Zip Code 17101	Purpose of Disbursement POSTAGE & PRINTING	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. ALTOONA MIRROR</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2012
Mailing Address PO BOX 2008 301 CAYUGA AVE		Amount of Each Disbursement this Period 475.00 <b>Transaction ID : SB17.102215</b>
City ALTOONA	State PA	
Zip Code 16603	Purpose of Disbursement ADVERTISING	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>C. ALTOONA MIRROR</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address PO BOX 2008 301 CAYUGA AVE		Amount of Each Disbursement this Period 2640.00 <b>Transaction ID : SB17.102314</b>
City ALTOONA	State PA	
Zip Code 16603	Purpose of Disbursement ADVERTISING	Category/ Type 001
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).....	3693.75
<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 53	
	<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 11 / 28 / 2012	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 24569.98	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : SB17.102222	
Purpose of Disbursement SEE BELOW		Category/ Type 001		
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:				

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012	
Mailing Address 1200 E ALGONQUIN ROAD			Amount of Each Disbursement this Period 750.10	
City ELK GROVE VILLAGE	State IL	Zip Code 60007	Transaction ID : SB17.102393	
Purpose of Disbursement		Category/ Type 001	[MEMO ITEM] AIRFARE	
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:				

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012	
Mailing Address 5620 UNIVERSITY PKWY			Amount of Each Disbursement this Period 1947.20	
City WINSTON SALEM	State NC	Zip Code 27105	Transaction ID : SB17.102394	
Purpose of Disbursement		Category/ Type 001	[MEMO ITEM] AIRFARE	
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).....	24569.98
<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 24 OF 53	
	<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 11 / 28 / 2012
Mailing Address 300 FIRST STREET SE		Amount of Each Disbursement this Period 1121.42
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102395 <b>[MEMO ITEM]</b> EVENT CATERING
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. DUNKIN DONUTS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 3132 PLEASANT VALLEY BLVD		Amount of Each Disbursement this Period 78.57
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102396 <b>[MEMO ITEM]</b> MEETING EXPENSE
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. THE RADNOR HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 591 E. LANCASTER AVE.		Amount of Each Disbursement this Period 461.97
City ST. DAVIDS State PA Zip Code 19087	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102397 <b>[MEMO ITEM]</b> LODGING
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 25 OF 53			
	<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 WYNDHAM</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 815 NORHT POTTSTOWN PIKE		Amount of Each Disbursement this Period 155.59
City EXTON	State PA	
Zip Code 19341	Purpose of Disbursement 001	Transaction ID : SB17.102398
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)	[MEMO ITEM] LODGING
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE PRIME RIB</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 2020 K ST. NW		Amount of Each Disbursement this Period 55.00
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement 001	Transaction ID : SB17.102399
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)	[MEMO ITEM] MEETING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RISTORANTE TOSCA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 1112 F STREET NW		Amount of Each Disbursement this Period 43.00
City WASHINGTON	State DC	
Zip Code 20004	Purpose of Disbursement 001	Transaction ID : SB17.102400
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)	[MEMO ITEM] MEETING EXPENSE
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 26 OF 53			
	<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. BEST BUY</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 1721 OSGOOD DRIVE		Amount of Each Disbursement this Period 79.44
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102401
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>[MEMO ITEM]</b> OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 400 N CAPITOL STREET NW		Amount of Each Disbursement this Period 423.00
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102402
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>[MEMO ITEM]</b> TRAVEL EXPENSE

Full Name (Last, First, Middle Initial) <b>C. NEMACOLIN WOODLANDS RESORT &amp; SPA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 1001 LAFAYETTE DRIVE		Amount of Each Disbursement this Period 493.41
City FARMINGTON State PA Zip Code 15437	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102403
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>[MEMO ITEM]</b> LODGING

<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 27 OF 53	
	<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. SHEETZ INC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 5700 SIXTH AVENUE		Amount of Each Disbursement this Period 291.46
City ALTOONA	State PA Zip Code 16602	
Purpose of Disbursement	Category/Type 001	Transaction ID : SB17.102404
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)	[MEMO ITEM] FUEL
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NAP PATTI BAR</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 1033 PHILADELPHIA STREET		Amount of Each Disbursement this Period 56.00
City INDIANA	State PA Zip Code 15701	
Purpose of Disbursement	Category/Type 001	Transaction ID : SB17.102405
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)	[MEMO ITEM] MEETING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BASTA PASTA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 37 W 17TH ST		Amount of Each Disbursement this Period 50.00
City NEW YORK	State NY Zip Code 10011	
Purpose of Disbursement	Category/Type 001	Transaction ID : SB17.102406
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)	[MEMO ITEM] MEETING EXPENSE
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 28 OF 53			
	<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. IL BUCO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 53 GREAT JONES STREET		Amount of Each Disbursement this Period 128.00
City MANHATTAN	State NY	
Zip Code 10012	Purpose of Disbursement 001	Transaction ID : SB17.102407
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)	[MEMO ITEM] MEETING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HYATT HOTELS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 100 HERON BLVD		Amount of Each Disbursement this Period 164.16
City CAMBRIDGE	State MD	
Zip Code 21613	Purpose of Disbursement 001	Transaction ID : SB17.102408
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)	[MEMO ITEM] LODGING
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHELL OIL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 10524 SHARPSBURG PIKE		Amount of Each Disbursement this Period 39.00
City HAGERSTOWN	State MD	
Zip Code 21740	Purpose of Disbursement 001	Transaction ID : SB17.102409
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)	[MEMO ITEM] FUEL
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 29 OF 53		
	<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 CURIOUS GRAPE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 2900 SOUTH QUINCY STREET		Amount of Each Disbursement this Period 427.25
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102410
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>[MEMO ITEM]</b> EVENT CATERING

Full Name (Last, First, Middle Initial) <b>B. THE HARTFORD CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 46 PROSPECT STREET		Amount of Each Disbursement this Period 409.63
City HARTFORD State CT Zip Code 06103	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102411
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>[MEMO ITEM]</b> EVENT CATERING

Full Name (Last, First, Middle Initial) <b>C. THE RIVERS CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 301 GRANT ST.		Amount of Each Disbursement this Period 1518.29
City PITTSBURGH State PA Zip Code 15219	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102412
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>[MEMO ITEM]</b> EVENT FACILITY RENTAL

<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 30 OF 53			
	<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. LENA'S CAFE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 2000 EIGHTH AVENUE		Amount of Each Disbursement this Period 66.00
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102413
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>[MEMO ITEM]</b> MEETING EXPENSE

Full Name (Last, First, Middle Initial) <b>B. STARBUCKS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 237 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 6.47
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102414
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>[MEMO ITEM]</b> MEETING EXPENSE

Full Name (Last, First, Middle Initial) <b>C. THE SLEEP INN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 12426 HOUCK AVE		Amount of Each Disbursement this Period 112.38
City CLEAR SPRING State MD Zip Code 21722	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102415
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>[MEMO ITEM]</b> LODGING

<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 31 OF 53			
	<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. SUNOCO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 1700 SEVENTH AVENUE		Amount of Each Disbursement this Period 74.04
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102416
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>[MEMO ITEM]</b> FUEL

Full Name (Last, First, Middle Initial) <b>B. EXXON</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 542 SOUTH CENTER STREET		Amount of Each Disbursement this Period 40.30
City EBENSBURG State PA Zip Code 15931	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102417
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>[MEMO ITEM]</b> FUEL

Full Name (Last, First, Middle Initial) <b>C. BLT STEAK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 1625 I STREET NW		Amount of Each Disbursement this Period 128.00
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102418
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>[MEMO ITEM]</b> MEETING EXPENSE

<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 53	
	<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. CHICK-FIL-A</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 2200 CRYSTAL DRIVE		Amount of Each Disbursement this Period 21.93
City ARLINGTON State VA Zip Code 22202	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102419
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>[MEMO ITEM]</b> MEETING EXPENSE

Full Name (Last, First, Middle Initial) <b>B. US POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 525 ALLEGHENY STREET		Amount of Each Disbursement this Period 195.95
City HOLLIDAYSBURG State PA Zip Code 16648	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102420
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>[MEMO ITEM]</b> POSTAGE

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address PO BOX 371461		Amount of Each Disbursement this Period 29.62
City PITTSBURGH State PA Zip Code 15250	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102421
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>[MEMO ITEM]</b> SHIPPING

<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 33 OF 53			
	<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. BLACK DOG COFFEE &amp; CATERING</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 519 ALLEGHENY STREET		Amount of Each Disbursement this Period 50.69
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement	Transaction ID : SB17.102422
Candidate Name	001 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)	[MEMO ITEM] MEETING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE BLAIRMONT CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 145 LARCH STREET		Amount of Each Disbursement this Period 5901.00
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement	Transaction ID : SB17.102423
Candidate Name	001 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)	[MEMO ITEM] EVENT FACILITY RENTAL
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UBER TECHNOLOGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 800 MARKET STREET 7TH FLOOR		Amount of Each Disbursement this Period 36.00
City SAN FRANCISCO	State CA	
Zip Code 94115	Purpose of Disbursement	Transaction ID : SB17.102424
Candidate Name	001 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)	[MEMO ITEM] TRAVEL EXPENSE
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 34 OF 53			
	<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. STONE HOUSE RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 3023 NATIONAL PIKE		Amount of Each Disbursement this Period 92.67
City FARMINGTON State PA Zip Code 15437	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102425
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>[MEMO ITEM]</b> MEETING EXPENSE

Full Name (Last, First, Middle Initial) <b>B. TAXICAB TRANSPORTATION</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 5200 N OTTO AVENUE		Amount of Each Disbursement this Period 105.31
City CHICAGO State IL Zip Code 60656	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102426
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>[MEMO ITEM]</b> CAB FARE

Full Name (Last, First, Middle Initial) <b>C. PIG 'N' WHISTLE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 951 2ND AVE		Amount of Each Disbursement this Period 50.00
City NEW YORK State NY Zip Code 10022	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102427
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>[MEMO ITEM]</b> MEETING EXPENSE

<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 35 OF 53			
	<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 WESTPORT INN</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 1595 POST ROAD EAST		Amount of Each Disbursement this Period 259.90
City WESTPORT State CT Zip Code 06880	Purpose of Disbursement Candidate Name Category/Type 001	
Purpose of Disbursement		Transaction ID : SB17.102428
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:		[MEMO ITEM] LODGING

Full Name (Last, First, Middle Initial) <b>B. EATALY</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 200 5TH AVENUE		Amount of Each Disbursement this Period 41.84
City NEW YORK State NY Zip Code 10010	Purpose of Disbursement Candidate Name Category/Type 001	
Purpose of Disbursement		Transaction ID : SB17.102429
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:		[MEMO ITEM] MEETING EXPENSE

Full Name (Last, First, Middle Initial) <b>C. DOUBLETREE HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 11915 EL CAMINO REAL		Amount of Each Disbursement this Period 590.19
City SAN DIEGO State CA Zip Code 92130	Purpose of Disbursement Candidate Name Category/Type 001	
Purpose of Disbursement		Transaction ID : SB17.102430
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:		[MEMO ITEM] LODGING

<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 36 OF 53		
	<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. MARZONI'S</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 165 PATCHWAY ROAD		Amount of Each Disbursement this Period 114.42
City DUNCANVILLE	State PA	
Zip Code 16635	Purpose of Disbursement 001	Transaction ID : SB17.102431
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)	[MEMO ITEM] MEETING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PANERA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 156 FALON LANE		Amount of Each Disbursement this Period 10.14
City HOLLIDAYSBURG	State PA	
Zip Code 16648	Purpose of Disbursement 001	Transaction ID : SB17.102432
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)	[MEMO ITEM] MEETING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VISTAPRINT</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 95 HAYDEN AVE		Amount of Each Disbursement this Period 799.78
City LEXINGTON	State MA	
Zip Code 02421	Purpose of Disbursement 001	Transaction ID : SB17.102433
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)	[MEMO ITEM] PRINTING
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 37 OF 53			
	<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. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address PO BOX 9001309		Amount of Each Disbursement this Period 25.00
City LOUISVILLE State KY Zip Code 40290	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102434
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:		[MEMO ITEM] DATA

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 588.59
City NEWARK State NJ Zip Code 07101	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102435
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:		[MEMO ITEM] INTEREST

Full Name (Last, First, Middle Initial) <b>C. DOUBLETREE HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 11915 EL CAMINO REAL		Amount of Each Disbursement this Period 4460.24
City SAN DIEGO State CA Zip Code 92130	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102438
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:		[MEMO ITEM] LODGING

<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 38 OF 53		
	<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. NANCY BULL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012
Mailing Address 322 RIDGE AVENUE		Amount of Each Disbursement this Period 872.18 <b>Transaction ID : SB17.102263</b>
City WAYNESBORO State PA Zip Code 17268	Purpose of Disbursement SEE BELOW Candidate Name Category/Type 001	
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. NANCY BULL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012
Mailing Address 322 RIDGE AVENUE		Amount of Each Disbursement this Period 609.95 <b>Transaction ID : SB17.102265</b>
City WAYNESBORO State PA Zip Code 17268	Purpose of Disbursement Candidate Name Category/Type 001	
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>[MEMO ITEM]</b> MILEAGE REIMBURSEMENT

Full Name (Last, First, Middle Initial) <b>C. TWENTY MANNING</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012
Mailing Address 261 SOUTH 20TH STREET		Amount of Each Disbursement this Period 56.60 <b>Transaction ID : SB17.102266</b>
City PHILADELPHIA State PA Zip Code 19103	Purpose of Disbursement Candidate Name Category/Type 001	
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>[MEMO ITEM]</b> MEETING EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	872.18
<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 53	
	<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. GREEN EGGS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012
Mailing Address 212 SOUTH 13TH STREET		Amount of Each Disbursement this Period 46.44
City PHILADELPHIA	State PA Zip Code 19147	
Purpose of Disbursement	Category/Type 001	<b>Transaction ID : SB17.102268</b>
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)	<b>[MEMO ITEM] MEETING EXPENSE</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NANCY BULL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 322 RIDGE AVENUE		Amount of Each Disbursement this Period 160.45
City WAYNESBORO	State PA Zip Code 17268	
Purpose of Disbursement SEE BELOW	Category/Type 001	<b>Transaction ID : SB17.102321</b>
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)	<b>[MEMO ITEM] MEETING EXPENSE</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CARRABBA'S</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 5250 CARLISLE PIKE		Amount of Each Disbursement this Period 70.18
City MECHANICSBURG	State PA Zip Code 17050	
Purpose of Disbursement	Category/Type 001	<b>Transaction ID : SB17.102323</b>
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)	<b>[MEMO ITEM] MEETING EXPENSE</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	160.45
<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 40 OF 53			
	<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. TAXICAB TRANSPORTATION</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 5200 N OTTO AVENUE		Amount of Each Disbursement this Period 26.50
City CHICAGO State IL Zip Code 60656	Purpose of Disbursement 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)	Transaction ID : SB17.102324 <b>[MEMO ITEM]</b> CAB FARE
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. MALONEY &amp; PORCELLI</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 37 E. 50TH ST.		Amount of Each Disbursement this Period 8.85
City NEW YORK State NY Zip Code 10022	Purpose of Disbursement 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)	Transaction ID : SB17.102325 <b>[MEMO ITEM]</b> MEETING EXPENSE
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. CENPENN REALTY LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2012
Mailing Address 513 ALLEGHENY STREET		Amount of Each Disbursement this Period 500.00
City HOLLIDAYSBURG State PA Zip Code 16648	Purpose of Disbursement RENT EXPENSE 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)	Transaction ID : SB17.102274
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<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 53	
	<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. ELIZABETH CONATSER</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2012
Mailing Address 1525 KEARNEY STREET NE		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.102275</b>
City WASHINGTON State DC Zip Code 20017	Purpose of Disbursement FUNDRAISING CONSULTING 001 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:		

Full Name (Last, First, Middle Initial) <b>B. ELIZABETH CONATSER</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 1525 KEARNEY STREET NE		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.102318</b>
City WASHINGTON State DC Zip Code 20017	Purpose of Disbursement FUNDRAISING CONSULTING 001 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:		

Full Name (Last, First, Middle Initial) <b>C. ELECTEKUSA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2012
Mailing Address PO BOX 23715		Amount of Each Disbursement this Period 2356.75 <b>Transaction ID : SB17.102229</b>
City CHAGRIN FALLS State OH Zip Code 44023	Purpose of Disbursement SOFTWARE 001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11356.75
<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 53	
	<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 12 / 18 / 2012	
Mailing Address CREDIT CARD DEPT PO BOX 0537			Amount of Each Disbursement this Period 1300.29	
City INDIANA	State PA	Zip Code 15701	Transaction ID : SB17.102319	
Purpose of Disbursement SEE BELOW		001 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:				

Full Name (Last, First, Middle Initial) <b>B. PARK N DINE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012	
Mailing Address 189 EAST MAIN STREET			Amount of Each Disbursement this Period 45.16	
City HANCOCK	State MD	Zip Code 21750	Transaction ID : SB17.102327	
Purpose of Disbursement		001 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)		[MEMO ITEM] MEETING EXPENSE	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. TRI-ANGLE RESTAURANT</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012	
Mailing Address 200 EAST MAIN STREET			Amount of Each Disbursement this Period 30.00	
City HANCOCK	State MD	Zip Code 21750	Transaction ID : SB17.102328	
Purpose of Disbursement		001 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)		[MEMO ITEM] MEETING EXPENSE	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1300.29
<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 43 OF 53	
	<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. ROUT 40 CLASSIC DINER</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 6229 NATIONAL PIKE		Amount of Each Disbursement this Period 10.56
City GRINDSTONE State PA Zip Code 15442	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102329
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>[MEMO ITEM]</b> MEETING EXPENSE

Full Name (Last, First, Middle Initial) <b>B. SAM SNEAD'S OAK GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 7 SYLVESTER C. FORMEY DR.		Amount of Each Disbursement this Period 48.00
City SAVANNAH State GA Zip Code 31408	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102330
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>[MEMO ITEM]</b> MEETING EXPENSE

Full Name (Last, First, Middle Initial) <b>C. BOHEME BISTRO</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 1118 E. ATLANTIC AVE.		Amount of Each Disbursement this Period 16.78
City DELRAY BEACH State FL Zip Code 33444	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102331
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>[MEMO ITEM]</b> MEETING EXPENSE

<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 44 OF 53			
	<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. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 5620 UNIVERSITY PKWY		Amount of Each Disbursement this Period 50.00
City WINSTON SALEM State NC Zip Code 27105	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102332
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>[MEMO ITEM]</b> AIRFARE

Full Name (Last, First, Middle Initial) <b>B. PRIMI PIATTI</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 2013 EYE STREET, NW		Amount of Each Disbursement this Period 245.00
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102337
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>[MEMO ITEM]</b> EVENT CATERING

Full Name (Last, First, Middle Initial) <b>C. SHEETZ INC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 5700 SIXTH AVENUE		Amount of Each Disbursement this Period 42.51
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement 001 Category/Type	
Candidate Name		Transaction ID : SB17.102338
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>[MEMO ITEM]</b> FUEL

<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 45 OF 53	
	<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. CAPITAL GRILLE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 601 PENNSYLVANIA AVE. NW		Amount of Each Disbursement this Period 84.00
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement 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)	Transaction ID : SB17.102339 <b>[MEMO ITEM]</b> MEETING EXPENSE
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. ORCHARD RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 1580 ORCHARD DRIVE		Amount of Each Disbursement this Period 515.00
City CHAMBERSBURG State PA Zip Code 17201	Purpose of Disbursement 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)	Transaction ID : SB17.102342 <b>[MEMO ITEM]</b> EVENT CATERING
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. JIM FRANK</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 1628 ST. FRANCIS LANE		Amount of Each Disbursement this Period 440.50
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement MILEAGE REIMBURSEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.102334
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	440.50
<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 46 OF 53		
	<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. FUNDRAISING BY NET LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address 1101 PENNSYLVANIA AVENUE NW FL 6		Amount of Each Disbursement this Period 353.67 <b>Transaction ID : SB17.102460</b>
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement TRANSACTION FEES 001 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:		

Full Name (Last, First, Middle Initial) <b>B. KELLEY HALLIWELL</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2012
Mailing Address 700 S. COURTHOUSE ROAD #508		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.102277</b>
City ARLINGTON State VA Zip Code 22204	Purpose of Disbursement SALARY 001 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:		

Full Name (Last, First, Middle Initial) <b>C. JHZ CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012
Mailing Address PO BOX 412		Amount of Each Disbursement this Period 7000.00 <b>Transaction ID : SB17.102260</b>
City HARRISBURG State PA Zip Code 17108	Purpose of Disbursement FUNDRAISING CONSULTING 001 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7603.67
<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 53	
	<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. JHZ CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address PO BOX 412		Amount of Each Disbursement this Period 3691.43 <b>Transaction ID : SB17.102316</b>
City HARRISBURG	State PA	
Zip Code 17108	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. MR. SEAN JOYCE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012
Mailing Address 1002 F STREET NE		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.102261</b>
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement NO ITEMIZATION NECESSARY	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>C. MCGUIREWOODS LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 2001 K STREET NW STE. 400		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.102320</b>
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement LEGAL FEES	Category/ Type 001
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).....	4711.43
<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 48 OF 53	
	<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. MS. JENNIFER MEARKLE</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2012	
Mailing Address 3022 BROAD AVE			Amount of Each Disbursement this Period 200.00	
City ALTOONA	State PA	Zip Code 16601	Transaction ID : SB17.102276	
Purpose of Disbursement SALARY		001 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:			

Full Name (Last, First, Middle Initial) <b>B. RONALD NOCCO</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012	
Mailing Address 1416 PHILADELPHIA STREET			Amount of Each Disbursement this Period 505.55	
City INDIANA	State PA	Zip Code 15701	Transaction ID : SB17.102270	
Purpose of Disbursement MILEAGE REIMBURSEMENT		001 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:			

Full Name (Last, First, Middle Initial) <b>C. ROGER OSBAUGH</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012	
Mailing Address 1153 LEISURE DR			Amount of Each Disbursement this Period 242.07	
City CHAMBERSBURG	State PA	Zip Code 17201	Transaction ID : SB17.102228	
Purpose of Disbursement MILEAGE REIMBURSEMENT		001 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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	947.62
<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 53	
	<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. ROGER OSBAUGH</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 1153 LEISURE DR		Amount of Each Disbursement this Period 4208.26 <b>Transaction ID : SB17.102317</b>
City CHAMBERSBURG	State PA	
Zip Code 17201	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. RED MAVERICK MEDIA LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 401 N. SECOND STREET		Amount of Each Disbursement this Period 4165.00 <b>Transaction ID : SB17.102224</b>
City HARRISBURG	State PA	
Zip Code 17101	Purpose of Disbursement VIDEO PRODUCTION	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>C. STATE FARM INSURANCE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012
Mailing Address 715 LEXINGTON AVENUE		Amount of Each Disbursement this Period 29.00 <b>Transaction ID : SB17.102264</b>
City ALTOONA	State PA	
Zip Code 16601	Purpose of Disbursement INSURANCE	Category/ Type 001
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).....	4208.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 53		
	<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 12 / 07 / 2012
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 905.01 <b>Transaction ID : SB17.102262</b>
City ALBANY State NY Zip Code 12212	Purpose of Disbursement CELL PHONE Candidate Name Category/Type 001	
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 12 / 13 / 2012
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 905.01 <b>Transaction ID : SB17.102281</b>
City ALBANY State NY Zip Code 12212	Purpose of Disbursement CELL PHONE Candidate Name Category/Type 001	
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 12 / 18 / 2012
Mailing Address PO BOX 15026		Amount of Each Disbursement this Period 1.57 <b>Transaction ID : SB17.102322</b>
City ALBANY State NY Zip Code 12212	Purpose of Disbursement CELL PHONE Candidate Name Category/Type 001	
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).....	1811.59
<b>TOTAL</b> This Period (last page this line number only).....	62176.47

**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 53	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. JOHN D MILNE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2012
Mailing Address PO BOX 45		Amount of Each Disbursement this Period 500.00
City FARINA State IL Zip Code 62838	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type 010	Transaction ID : SB20A.102312
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	500.00

**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 52 OF 53	
	<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 STATES STEEL PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address 600 GRANT STREET		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB20C.102392</b>
City PITTSBURGH	State PA	
Zip Code 15219	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type 010
Candidate Name <b>UNITED STATES STEEL PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
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:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	500.00

**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 53 OF 53
	<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. CAPITO FOR WEST VIRGINIA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2012
Mailing Address PO BOX 11519		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.102313</b>
City CHARLESTON State WV Zip Code 25339	Purpose of Disbursement POLITICAL CONTRIBUTION Category/Type 011	
Candidate Name <b>SHELLEY MOORE CAPITO</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District:		

Full Name (Last, First, Middle Initial) <b>B. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2012
Mailing Address PO BOX 80126		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.102271</b>
City LAFAYETTE State LA Zip Code 70598	Purpose of Disbursement POLITICAL CONTRIBUTION Category/Type 011	
Candidate Name <b>JR BOUSTANY</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 03		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
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:		

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