

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

BILL SHUSTER FOR CONGRESS

ADDRESS (number and street)

PO BOX 27

Check if different than previously reported. (ACC)

HOLLIDAYSBURG

PA

16648

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00364935

3. IS THIS REPORT NEW (N) OR AMENDED (A)

X

STATE DISTRICT

PA

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on MM/DD/YYYY in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY through MM/DD/YYYY

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

Type or Print Name of Treasurer KILGORE, PAUL, , ,

Signature of Treasurer KILGORE, PAUL, , ,

[Electronically Filed] Date

MM/DD/YYYY 04/08/2019

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

Table with 8 columns for Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	19916.48	26959.68
(b) Total Offsets to Operating Expenditures (from Line 14).....	182.00	182.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19734.48	26777.68
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	634593.29	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**BILL SHUSTER FOR CONGRESS**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	182.00	182.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	182.00	182.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 9

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19916.48	26959.68
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 .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	2000.00	1500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	21916.48	28459.68

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	656327.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	182.00
25. SUBTOTAL (add Line 23 and Line 24).....	656509.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21916.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	634593.29

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 9			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. 814 CONSULTING</b>		Date of Disbursement
Mailing Address 5827 COLFAX AVE		M M / D D / Y Y Y Y 01 / 10 / 2019
City ALEXANDRIA	State VA	Zip Code 22311
Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	5000.00
State: District:	Transaction ID : SB17.4105	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. BERKE FARAH LLP</b>		Date of Disbursement
Mailing Address 2101 L STREET NW STE 100		M M / D D / Y Y Y Y 01 / 10 / 2019
City WASHINGTON	State DC	Zip Code 20037
Purpose of Disbursement LEGAL SERVICES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1500.00
State: District:	Transaction ID : SB17.4108	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. BERKE FARAH LLP</b>		Date of Disbursement
Mailing Address 2101 L STREET NW STE 100		M M / D D / Y Y Y Y 02 / 11 / 2019
City WASHINGTON	State DC	Zip Code 20037
Purpose of Disbursement LEGAL SERVICES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1500.00
State: District:	Transaction ID : SB17.4120	
		<input type="checkbox"/> Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9			
	<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. BERKE FARAH LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2019		
Mailing Address 2101 L STREET NW STE 100					
City WASHINGTON	State DC	Zip Code 20037	FEC Identification Number C		
Purpose of Disbursement LEGAL SERVICES		Category/ Type 001	Amount of Each Disbursement this Period 1500.00		
Candidate Name		Transaction ID : SB17.4131			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. ELECTEKUSA</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2019		
Mailing Address PO BOX 23715					
City CHAGRIN FALLS	State OH	Zip Code 44023	FEC Identification Number C		
Purpose of Disbursement DATABASE SOFTWARE		Category/ Type 001	Amount of Each Disbursement this Period 800.00		
Candidate Name		Transaction ID : SB17.4111			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. ELECTEKUSA</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2019		
Mailing Address PO BOX 23715					
City CHAGRIN FALLS	State OH	Zip Code 44023	FEC Identification Number C		
Purpose of Disbursement DATABASE SOFTWARE		Category/ Type 001	Amount of Each Disbursement this Period 800.00		
Candidate Name		Transaction ID : SB17.4127			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item		
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3100.00
<b>TOTAL</b> This Period (last page this line number only).....	3100.00

**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 7 OF 9			
	<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)

**A. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement COMPLIANCE SERVICES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 01 / 10 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 1700.00

Transaction ID : SB17.4114

Memo Item

Full Name (Last, First, Middle Initial)

**B. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement COMPLIANCE SERVICES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 02 / 11 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 1702.82

Transaction ID : SB17.4123

Memo Item

Full Name (Last, First, Middle Initial)

**C. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement COMPLIANCE SERVICES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 03 / 18 / 2019

FEC Identification Number: C

Amount of Each Disbursement this Period: 2716.01

Transaction ID : SB17.4133

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 6118.83

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 9
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. PROFESSIONAL DATA SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2019
Mailing Address 824 S MILLEDGE AVE STE 101		FEC Identification Number C
City ATHENS	State GA	Zip Code 30605
Purpose of Disbursement COMPLIANCE SERVICES		Amount of Each Disbursement this Period 1727.65
Candidate Name		Transaction ID : SB17.4136
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. S&amp;T BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2019
Mailing Address 1100 LOGAN BLVD		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16602
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period 80.00
Candidate Name		Transaction ID : SB17.4137
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SQUIRE PATTON BOGGS (US) LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2019
Mailing Address PO BOX 643051		FEC Identification Number C
City CINCINNATI	State OH	Zip Code 45264
Purpose of Disbursement LEGAL SERVICES		Amount of Each Disbursement this Period 730.00
Candidate Name		Transaction ID : SB17.4134
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2537.65
<b>TOTAL</b> This Period (last page this line number only).....▶	19756.48



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 9	
	<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. KIRK 4 JUDGE</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2019	
Mailing Address 123 N 24TH ST			FEC Identification Number C	
City CAMPBILL	State PA	Zip Code 17011	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement CONTRIBUTION (NON-FEDERAL COMMITTEE)		Category/ Type 011	Transaction ID : SB21.4129	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

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