Exemptions— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	V. than \$10,000) during the reporting period? Yes ✓ No ☐ Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	If yes, complete and attach Schedule IV. Did you your spouse, or a dependent child have any reportable liability (more	thase, sell, or exchange any Yes ✓ No ☐ IX. entity?	Did you, your spouse, or a dependent child receive "unearmed" income of III. more than \$200 in the reporting period or hold any reportable asset worth Yes VIII. current calendar year? Mo VIII. current calendar year? If yes, complete and attach Schedule VIII.	Did any individual or organization make a donation to charity in lieu of paying Yes No VII. relimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule II.	Did you or your spouse have "earmed" income (e.g., salaries or fees) of \$200 Yes VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule I.	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	Report Type Annual (May 15) Amendment Termination Termination	Filer Member of the U.S. State: PA Officer Or Employing Office: Status Officer Or Employing Office: Employee	William Franklin Shuster 202-225-2431 (Full Name) (Daytime Telephone)	UNITED STATES HOUSE OF REPRESENTATIVES FORM A Page 1 of 8 CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT For use by Members, officers, and employees
yes ☐ No ✓	d Yes No V	TIONS	nd the appropriate		Yes No	Yes No	\$335 Yes 🗸 No	wise Yes No		more than 30 days late.	A \$200 penalty shall be assessed against anyone who files	DELINERED	ATIVE PERGURAT GRATER

!

SCHEDULE I - EARNED INCOME

Name William Franklin Shuster

Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
Golden Gate Ancillary LLC	Spouse Salary	N/A
Blair Family Soutions, LLC	Spouse Salary	N/A

			! !		
	BLOCK A	BLOCK B	вгоск с	BLOCK	BLOCK E
Assı	Asset and/or Income Source	Year-End	Type of Income	Amount of Income	Transaction
Identify (a) ea a fair market	identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (h) any other assets or sources of income which generated more	Value of Asset at close of reporting	Check all columns that apply. For retirement plans or accounts that do	For retirement plans or accounts that do not allow you to choose specific	Indicate if asset had purchases (P), sales (S), or
than \$200 in land, provide mutual funds retirement pl in which you	than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific	year. If you use a valuation method other than fair market value, please specify the method used. If an incompletion of the continuous please is the continuous please that is not the continuous that is not the	not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of	investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the	exchanges (E) exceeding \$1,000 in reporting year.
investments) in the accour plans that are and its value that is not pults activities, information,	investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.	included only because it is generated income, the value should be "None."	appropriate box below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.	appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	
Exclude: You debt owed to parent or sib savings acco	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.				
If you so cho that of your s in the option	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		100		
	5 S LLC-General Partner of Shuster Family Limited Partnership	\$1,001 - \$15,000 INTERE	INTEREST	\$1 - \$200	
DC	Alliance CBF Age Based Aggressive 1987-1989 ALT CX	\$1,001 - \$15,000	None	NONE	S(part)
DC	Alliance CBF Age Based Aggressive1990-1992 ALT CX	\$50,001 - \$100,000	None	NONE	
	Blairmont Club LLC	\$1,001 - \$15,000	Other: PARTNERSHIP	\$1 - \$200	
	Congressional Federal Credit Union #133029	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Congrssional Federal Credit Union #140550	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

:

1

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name William Franklin Shuster	anklin Shuster		Page 4 of 8
DC	M & T BANK #1037	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC	M & T BANK #2122	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	M & T Bank #3471	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC	M & T BANK #8125	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	M & T Bank #8361	\$1,001 - \$15,000 INTEREST	INTEREST	\$1 - \$200	
4	M & T Bank 6538	\$1 - \$1,000	INTEREST	NONE	
SP	M & T Bank Certificate of Deposit #9557	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	M & T Bank Certificates of Deposit #3556	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
DC	M & T Bank Savings #8125,	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	M &T Bank Checking #2383	\$1 - \$1,000	INTEREST	\$1 - \$200	
DC	S & T Bank Certificates of Deposit #001 to #003	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
; 	S2 & L2 Partnership East Freedom, PA.	\$500,001 - \$1,000,000	RENT/INTEREST	\$5,001 - \$15,000	
	SEI Core Fixed Income Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	PS(part)
	SEI Emerging Markets Debt Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

:

	/ T	
		֓֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name	William Franklin Shuster		Page 5 of 8
	SEI Emerging Markets Equity Fund	\$1,001 - \$15,000 DIVIDE	DIVIDENDS	\$1 - \$200	
	SEI High Yield Bond Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	•
	SEI International Equity Fund	\$15,001 - \$50,000	DIVIDENDS	NONE	PS(part)
	SEI International Fixed Income Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	SEI Large Cap Growth Fund	\$1,001 - \$15,000 DIVIDE	DIVIDENDS	\$1 - \$200	
	SEI Large Cap Value Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	ריי - ייני ער
1	SEI PA Municipal Bond Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	PS(part)
	SEI Prime Obligation Fund	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	SEI Small Cap Growth Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	SEI Small Cap Value Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
 	SEI Tax Free Fund	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	SEI Tax Managed Large Cap	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	ס
	SEI Tax Managed Small Cap	\$1,001 - \$15,000 DIVIDE	DIVIDENDS	\$1 - \$200	
	Shuster Family Limited Partnership Formerly Shuster Rentals	\$100,001 - \$250,000	RENT and Interest income	\$201 - \$1,000	

SCHEDULE IV - TRANSACTIONS

Name William Franklin Shuster

Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC,		Type of	Capital Gain in		
Ţ	Asset	Transaction	of \$200?	Date	Amount of Transaction
,	Alliance CBF Age Based Aggressive 1987- 1989 ALT-CX	S(part)	No	2 times	\$15,001 - \$50,000
; 	SEI Core Fixed Income Fund	S(part)	No	3 times	\$1,001 - \$15,000
	SEI International Equity Fund	P	N/A	5 times	\$1,001 - \$15,000
	SEI Large Cap Value Fund	ָּער	N/A	18 times	\$1,001 - \$15,000
	SEI PA Municipal Bond Fund	S(part)	No	2 times	\$1,001 - \$15,000
	SEI Tax Managed Large Cap	· • • • • • • • • • • • • • • • • • • •	N/A	10 times	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name William Franklin Shuster

Page 7 of 8

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

	SP, DC,	
Congressional Federal Credit Union Visa	Creditor	
Credit Card Debt	Type of Liability	
\$15,001 - \$50,000	Amount of Liability	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name William Franklin Shuster

Page 8 of 8

spouse or dependent child that is totally independent of his or her relationship to you. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under

None	→	~	~	January 4 - Washington DC - Tel Aviv - 10, 2010 Washington DC	January 4 - 10, 2010	American Israel Education Foundation
Days not at sponsor's expense	Was a Family g? Food? Member Included? (Y/N) (Y/N)	Food? (Y/N)	Lodgin (Y/N	Point of Departure DestinationPoint of Return	Date(s)	Source