UNITED (UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	TATIVES	FORM A Page 1 of 10 For use by Members, officers, and employees	HAND DELIVERED
			-	LEGISLATIVE RESOURCE CENTES
	William Franklin Shuster		202-225-2431	2009 MAY 15 PM 5: 00
	(Full Name)		(Daytime Telephone)	(Office Use Only)
Filer Status	Member of the U.S. State: PA House of Representatives District: 09	□ Offi	Officer Or Employing Office: Employee	A \$200 penalty shall be assessed against
Report	<i>/</i>		Termination Date:	more than 30 days
Type	Annual (May 15)	☐ Termination		late.
PRELIMIN)	PRELIMINARY INFORMATION ANSWER EACH	OF THESE	QUESTIONS	
Did you or yo	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Yes 🗹 No 🔲 VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	legift in herwise Yes No V
If yes, comp	If yes, complete and attach Schedule I.		If yes, complete and attach Schedule VI.	
Did any indivi	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	Yes No VII.		le travel or lan \$335 Yes 🕢 No
Did you, your	Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth	Yes No VIII.	Did you hold any reportable positions on or before the date of filing in the	ing in the
If yes, comp	If yes, complete and attach Schedule III.		If yes, complete and attach Schedule VIII.	
IV. reportable as	Did your your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes 🗸 No 🗌 IX.	Did you have any reportable agreement or arrangement with an outside entity?	outside Yes No
If yes, comp	If yes, complete and attach Schedule IV.		If yes, complete and attach Schedule IX.	
Did you, your V. (more than \$1	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes No	Each question in this part must be answered and the appropriate	and the appropriate
If yes, com	If yes, complete and attach Schedule V.		schedule attached for each "Yes" response.	
EXCLUSIO	N OF SPOUSE, DEPENDENT, OR TRI	JST INFORMAT	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	STIONS
Trusts-	Details regarding "Qualified Blind Trusts" approtrusts" need not be disclosed. Have you exclud child?	oved by the Committee led from this report det	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?	ted Yes □ No ✓
Exemptions		sets, "unearned" incon ? Do not answer "yes"	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.	niid Yes □ No ☑

"SCHEDULE I - EARNED INCOME

Name William Franklin Shuster

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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
Blair Family Solutions, Inc.	Spouse's Salary	N/A
Acercare Hospice	Spouse Salary	N/A

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DC 00 a fair market value exceeding \$1,000 at the end of the reporting period, Exclude: Your personal residence(s) (unless there is rental income); any that is not publicly traded, state the name of the business, the nature of plans that are not self-directed, name the institution holding the account in the account that exceeds the reporting threshold. For retirement in which you have the power, even if not exercised, to select the specific retirement plans (such as 401(k) plans) that are self directed (i.e., plans mutual funds (do not use ticker symbols). For all IRAs and other in the optional column on the far left. that of your spouse (SP) or dependent child (DC) or is jointly held (JT) Government retirement programs. savings accounts; any financial interest in or income derived from U.S 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 its activities, and its geographic location in Block A. For additional and its value at the end of the reporting period. For an active business investments), provide the value and income information on each asset than \$200 in "unearned" income during the year. For rental property or and (b) any other assets or sources of income which generated more Identify (a) each asset held for investment or production of income with f you so choose, you may indicate that an asset or income source is information, see the instruction booklet. and, provide a complete address. Provide full names of stocks and Asset and/or Income Source Alliance CBF Age Based Alliance CBF Age Based Partnership Shuster Family Limited 5 S LLC-General Partner of Congressional Federal Credit Blairmont Club LLC Aggressive1990-1992 Port CLS CX M/F Aggressive 1987-1989 Port Union CLS CX M/F M \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$50,000 \$15,001 \$50,000 \$15,001 \$15,000 the value should be the method used. If ar value, please specify other than fair market valuation method year. If you use a at close of reporting it is generated income included only because asset was sold and is Value of Asset Year-End BLOCKB Name William Franklin Shuster **PARTNERSHIP** Other None **RENT** and None during the calendar year. other assets including all may write "NA". For all apply. For retirement Check all columns that DIVIDENDS Check "None" if asset did Dividends and Interest, specific investments, you plans or accounts that do Interest Income not generate any income be listed as income. even if reinvested, should appropriate box below. income by checking the not allow you to choose RAs, indicate the type of Type of Income BLOCK C NONE \$1 - \$200 NONE **\$1 - \$20**0 of income by checking the IRAs, indicate the category NONE earned or generated. Dividends and interest, even appropriate box below. other assets, including all 'NA" for income. For all you to choose specific isted as income. Check f reinvested, should be nvestments, you may write accounts that do not allow For retirement plans or Amount of Income None" if no income was BLOCK D S(part) exceeding reporting year. \$1,000 in exchanges (E) had purchases Transaction (P), sales (S), or Indicate if asset Page 3 of 10 BLOCKE

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JT	M & T Bank #3471	\$1 - \$1,000	INTEREST	\$1 - \$200	
J	M & T Bank #8361	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	M & T Bank 6538	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	M & T Bank Certificate of Deposit #9557	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
DC	M & T Bank Certificates of Deposit	\$1,001 - \$15,000	NTEREST	\$1 - \$200	
DC	M & T Bank Savings	\$1 - \$1,000	INTEREST	\$1 - \$200	; ; ;
JT	M &T Bank Checking #2383	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC	S & T Bank Certificates of Deposit #001 to #003	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	S2 & L2 Partnership East Freedom, PA.	\$500,001 - \$1,000,000	RENT/INTEREST	\$50,001 - \$100,000	
	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	· · ·
	SEI Emerging Markets Equity Fund	\$1,001 - \$15,000	DIVIDENDS/CAPI TAL GAINS	\$1,001 - \$2,500	ס
	SEI High Yield Bond Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	SEI International Equity Fund	\$1,001 - \$15,000	DIVIDENDS/CAPI TAL GAINS	\$201 - \$1,000	PS(part)

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SCHEDUL	SCHÈDULE III - ASSETS AND "UNEARNED" INCOME	Name	William Franklin Shuster		Page 5 of 10
	SEI International Fixed Income Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	SEI Large Cap Growth Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	SEI Large Cap Value Fund	\$1,001 - \$15,000	DIVIDENDS/CAPI TAL GAINS	\$201 - \$1,000	
	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	NONE	
	SEI Small Cap Value Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	PS(part)
;	SEI Tax Free Fund	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	SEI Tax Managed Large Cap	\$15,001 - \$50,000	DIVIDENDS/CAPI TAL GAINS	NDS/CAPI \$201 - \$1,000	ס
	SEI Tax Managed Small Cap	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Shuster Family Limited Partnership Fomerly Shuster Rentals	\$100,001 - \$250,000	RENT and Interest Income	\$201 - \$1,000	
Ţ	UBS Cash Fund	None	DIVIDENDS	NONE	

SCHEDULE IV - TRANSACTIONS

Name William Franklin Shuster

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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, JT	Asset	Type of Transaction	Date	Amount of Transaction
DC	Alliance CBF Aggressive Growth Emp Port 1987-1989	S(part)	3 times	\$15,001 - \$50,000
	SEI Core Fixed Income Fund	PS(part)	39 times	\$1,001 - \$15,000
	SEI Emerging Markets Equity Fund	ס	11 times	\$1,001 - \$15,000
	SEI International Equity Fund	PS(part)	10 times	\$1,001 - \$15,000
:	SEI PA Municipal Bond Fund	PS(part)	26 times	\$1,001 - \$15,000
	SEI Tax Managed Large Cap	0	10 times	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name William Franklin Shuster

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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, JT	
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

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spouse or dependent child that is totally independent of his or her relationship to you. 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 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 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

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family ng? Food? Member Included?	Days not at sponsor's expense
General Marshall Fund of the United States and the Robert BorshFoundation	Feb 12-17	Feb 12-17 DC-Berlin Germany- Oberbyen Germany-DC	~	~	Y	None

FOOTNOTES Name William Frankli	
William Frankli	

Number Schedule III Section / Schedule assets and liabilities: S2 & L2 ownership represents a 60% interest in the following a. Cash - \$105,548 Footnote din Shuster East Freedom, PA S2 & L2 Partnership the following item This note refers to Page 9 of 10

- Commercial real estate
 RD 1 Box 316-D
 East Freedom, PA 16637
 (rented to Thomas Holding Co for auto dealership) \$1,600,000 to \$1,700,000 based on current appraisal.
- c. Mortgage and other debt \$576,533
- l. Other Liabilities \$1,162

N

Schedule III

The interest in the Shuster Family Limited Partnership is comprised of a 19.8% in the following assets:

Shuster Family Limited Partnership

- Cash in checking and savings \$92,215
- b. Prepaid expenses \$3,006
- c. Family farm and rental residence located at 825 Ritchey Road, Everett, PA 15537 (approx 100 acres) -\$500,000 - \$1,000,000
- d. Amount due to rental agent \$47,597

FOOINGIES	ES.		Name William Franklin Shuster	Page 10 of 10
Number	Section / Schedule		Footnote	This note refers to the following item
ယ	Schedule III	5S LLC is the gener Partnership of which	5S LLC is the general partner in the Shuster Family Limited Partnership of which 20% is owned by William F. Shuster. The	5S LLC
		following are the ass a. Advances made	following are the assets and liabilities of the company: a. Advances made on behalf of clients - \$47,597	-
		b. Cash - \$514		
:		c. Investment in Sh \$10,000	c. Investment in Shuster Family Limited Partnership \$5,000 - \$10,000	
.4	Schedule III	The Blairmont Club net worth of \$13,050	The Blairmont Club LLC is a private dining club with book value net worth of \$13,050 of which William F. Shuster owns 2%.	The Blairmont Club LLC
5	Schedule III	Represents 529 plar withdrawn for qualifi	Represents 529 plan for college age dependent child - \$18,900 withdrawn for qualified educational expenses.	Alliance CBF Age Based Aggressive 1987-1989 Port

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