

CIOCCA BENTON & OKONAK, P.C.

912 Pleasant Valley Boulevard
Altoona, PA 16602

**HAND
DELIVERED**

COGNITIVE RESOURCE CENTER

2010 JUL 27 AM 11:54

Frederick A. Ciocca, CPA
John F. Benton, CPA
Robert G. Okonak, Jr. CPA

(814) 944-5713
FAX (814) 944-1585

U.S. POSTAL SERVICE

July 21, 2010

Ms. Heather Jones
United States House of Representatives

Re: Congressman William F. Shuster
Members Report
2009

Dear Ms. Jones:

The attached corrected report for Congressman Shuster includes the following changes:

<u>Schedule III Block E</u>	<u>Designated Originally</u>	<u>Designated Amendment</u>
SEI Core Fixed Income Fund	PS(part)	S(part)
SEI International Equity Fund	PS(part)	P
SEI PA Municipal Bond Fund	PS(part)	S(part)

Schedule III was originally prepared incorrectly due to including a designation for sales or purchases of less than \$1,000.00. The following schedule reflects the actual purchases and sales for each investment incorrectly listed on Schedule III:

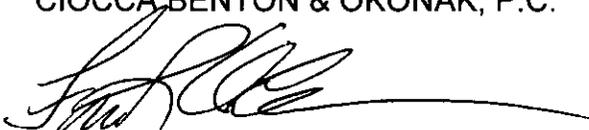
	<u>Purchases</u>	<u>Sales</u>
SEI Core Fixed Income Fund	\$ 283.78	\$1,032.30
SEI International Equity Fund	\$1,245.51	\$ 89.25
SEI PA Municipal Bond Fund	\$ 272.12	\$1,080.20

In addition to the above errors, Schedule VII included travel that occurred in 2010 and should not have been reflected on the 2009 report but omitted travel to Germany which should have been included on the 2009 report.

I hope this additional information will clarify the changes to the report. I apologize for the errors made and any inconvenience caused.

Very truly yours,

CIOCCA BENTON & OKONAK, P.C.



Frederick A. Ciocca, CPA

Enclosure

COGNITIVE RESOURCE CENTER
2010 JUL 27 AM 11: 54
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 8
 For use by Members, officers, and employees

HAND DELIVERED

William Franklin Shuster
 (Full Name)

202-225-2431
 (Daytime Telephone)

2010 JUL 27 AM 11:54
 (Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: PA District: 09	<input type="checkbox"/> Officer Or Employee	Employing Office:	U.S. House of Representatives
Report Type	<input type="checkbox"/> Annual (May 15)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:	

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. If yes, complete and attach Schedule I. 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. If yes, complete and attach Schedule II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$1,000 at the end of the period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. If yes, complete and attach Schedule VII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. If yes, complete and attach Schedule III. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. If yes, complete and attach Schedule VIII. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. If yes, complete and attach Schedule IV. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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	Type	Amount
Golden Gate Ancillary LLC	Spouse Salary	N/A
Blair Family Solutions, LLC	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name William Franklin Shuster

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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 (b) any other assets or sources of income which generated more 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 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.</p> <p>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.</p> <p>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.</p>	<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the 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.</p>	<p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>5 S LLC-General Partner of Shuster Family Limited Partnership</p>	<p>\$1,001 - \$15,000</p>	<p>INTEREST</p>	<p>\$1 - \$200</p>	
<p>DC Alliance CBF Age Based Aggressive 1987-1989 ALT CX</p>	<p>\$1,001 - \$15,000</p>	<p>None</p>	<p>NONE</p>	<p>S(part)</p>
<p>DC Alliance CBF Age Based Aggressive 1990-1992 ALT CX</p>	<p>\$50,001 - \$100,000</p>	<p>None</p>	<p>NONE</p>	
<p>Blairmont Club LLC</p>	<p>\$1,001 - \$15,000</p>	<p>Other: PARTNERSHIP</p>	<p>\$1 - \$200</p>	
<p>Congressional Federal Credit Union #133029</p>	<p>\$1,001 - \$15,000</p>	<p>DIVIDENDS</p>	<p>\$1 - \$200</p>	
<p>Congressional Federal Credit Union #140550</p>	<p>\$1,001 - \$15,000</p>	<p>DIVIDENDS</p>	<p>\$1 - \$200</p>	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name William Franklin Shuster

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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	
JT	M & T Bank #6538	\$1 - \$1,000	INTEREST	NONE	
DC	M & T BANK #8125	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	M & T Bank #8361	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	M & T Bank Certificate of Deposit #3556	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
SP	M & T Bank Certificate of Deposit #9557	\$1,001 - \$15,000	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	S(part)
	SEI Emerging Markets Debt Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name William Franklin Shuster

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SEI Emerging Markets Equity Fund	\$1,001 - \$15,000	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	P
SEI International Fixed Income Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SEI Large Cap Growth Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SEI Large Cap Value Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
SEI PA Municipal Bond Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	S(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	P
SEI Tax Managed Small Cap	\$1,001 - \$15,000	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

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	Capital Gain in Excess 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	P	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	P	N/A	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	Creditor	Type of Liability	Amount of Liability
	Congressional Federal Credit Union Visa	Credit Card Debt	\$15,001 - \$50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name William Franklin Shuster

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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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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 spouse or dependent child that is totally independent of his or her relationship to you.

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