

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

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For use by Members, officers, and employees

William Franklin Shuster

(Full Name)

202-225-2431

(Daytime Telephone)

Filer Status: Member of the U.S. House of Representatives
State: PA District: 09

Officer Or Employee
Employing Office:

Report Type: Annual (May 15) Amendment

Termination
Termination Date:

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

U.S. (Office Use Only)

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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? If yes, complete and attach Schedule I.	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)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. 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? If yes, complete and attach Schedule II.	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)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. 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 more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	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 Ethics 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 No

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 Ethics. 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	Type	Amount
Golden Gate Ancillary LLC	Spouse Salary	\$42,539.37

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A Asset and/or Income Source 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 reportable asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete 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 for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any derivative position; or any interest in a personal structure or	BLOCK B Year-End Value of Asset 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."	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
5 S LLC-General Partner of Shuster Family Limited Partnership	\$1,001 - \$15,000	Other: PARTNERSHIP	\$1 - \$200	
DC Alliance CBF Age Based Aggressive 1987-1989 ALT CX	\$1,001 - \$15,000	None	NONE	
DC Alliance CBF Age Based Aggressive 1990-1992 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	NONE	
Congressional Federal Credit Union #140550	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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DC	M & T BANK #1037	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC	M & T BANK #2122	None	INTEREST	NONE	
JT	M & T Bank #3471	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	M & T Bank #6538	\$1 - \$1,000	INTEREST	NONE	
JT	M & T Bank #8361	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC	M & T Bank CD #2726	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	M & T Bank Certificate of Deposit #9557	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC	M & T Bank Checking #6779	\$1 - \$1,000	None	NONE	
DC	M & T Bank Checking #7214	\$1,001 - \$15,000	INTEREST	NONE	
JT	M & T Bank Checking #9749	\$1,001 - \$15,000	None	NONE	
SP	M & T Bank Savings #3556	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
DC	M & T Bank Savings #4362	\$1 - \$1,000	INTEREST	NONE	
DC	M & T Bank Savings #8125,	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	M & T Bank Checking #2383	\$1,001 - \$15,000	INTEREST	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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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	Other: PARTNERSHIP	\$201 - \$1,000	
	SEI Core Fixed Income Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
	SEI Emerging Markets Debt Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
	SEI Emerging Markets Equity Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
	SEI High Yield Bond Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
	SEI International Equity Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
	SEI International Fixed Income Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
	SEI Large Cap Growth Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
	SEI Large Cap Value Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
	SEI PA Municipal Bond Fund	None	DIVIDENDS	\$1 - \$200	S
	SEI Prime Obligation Fund	\$1 - \$1,000	None	NONE	
	SEI Small Cap Growth Fund	\$1,001 - \$15,000	None	NONE	P
	SEI Small Cap Value Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SEI Tax Free Fund	None	DIVIDENDS	NONE	PS	
SEI Tax Managed Large Cap	None	DIVIDENDS	\$1 - \$200	S	
SEI Tax Managed Small Cap	None	None	NONE	S	
Shuster Family Limited Partnership Formerly Shuster Rentals	\$100,001 - \$250,000	Other: PARTNERSHIP	\$1,001 - \$2,500		

SCHEDULE IV - TRANSACTIONS

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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	Capital Gain In Excess of \$200?	Date	Amount of Transaction
	SEI Core Fixed Income Fund	P	N/A	39 times	\$1,001 - \$15,000
	SEI Emerging Markets Debt Fund	S(part)	No	3 times	\$1,001 - \$15,000
	SEI Emerging Markets Equity Fund	S(part)	Yes	3 times	\$1,001 - \$15,000
	SEI High Yield Bond Fund	S(part)	No	2 times	\$1,001 - \$15,000
	SEI International Equity Fund	S(part)	Yes	2 times	\$1,001 - \$15,000
	SEI International Fixed Income Fund	S(part)	No	3 times	\$1,001 - \$15,000
	SEI Large Cap Growth Fund	S(part)	No	3 times	\$1,001 - \$15,000
	SEI Large Cap Value Fund	S(part)	No	3 times	\$1,001 - \$15,000
	SEI PA Municipal Bond Fund	S	No	2 times	\$1,001 - \$15,000
	SEI Small Cap Growth Fund	P	N/A	3 times	\$1,001 - \$15,000
	SEI Tax Free Fund	P	N/A	8 times	\$50,001 - \$100,000

SCHEDULE IV - TRANSACTIONS

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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	Capital Gain In Excess of \$200?	Date	Amount of Transaction
	SEI Tax Free Fund	S	No	6 times	\$50,001 - \$100,000
	SEI Tax Managed Large Cap	S	Yes	3 times	\$15,001 - \$50,000
	SEI Tax Managed Small Cap	S	Yes	2 times	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

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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	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Visa Credit Card	Various Dates	Revolving Charge Account	\$10,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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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
American Israel Education Fund	Jan. 4-10	Washington DC-Tel Aviv Israel-Washington DC	Y	Y	Y	None