

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)
Tom Hayhurst for Congress Committee

Full Name (Last, First, Middle Initial) A. Robert H. Runge		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 7223 Illinois Road		Transaction ID: SA11A1.6549
City State Zip Code Fort Wayne IN 46804	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer none Occupation retired	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mrs. Kay Safirstein		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address P.O.Box 225		Transaction ID: SA11A1.5936
City State Zip Code Churubusco IN 46723	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None Occupation Homemaker	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) C. Grant F. Shipley		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 3322 N. Washington Rd.		Transaction ID: SA11A1.6089
City State Zip Code Fort Wane IN 46802	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Shipley & Associates Occupation Attorney	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	370.00
TOTAL This Period (last page this line number only) ▶	_____