

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Association of Neurological Surgeons Political Action Committee (Neuro-surgeryPA)

A. Full Name (Last, First, Middle Initial) Cliff L. Cannon		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6	
Mailing Address Neurological Inst. of Savannah 4 Jackson Blvd.		Transaction ID: SA11A1.4734	
City Savannah State GA Zip Code 31405		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Neurological Inst. of Savannah Occupation Neurosurgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Louis P. Caragine, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6	
Mailing Address Ohio State Med. Ctr./Neurosurgery 410 W. 10 Ave. N-1011 Doan Hall		Transaction ID: SA11A1.4736	
City Columbus State OH Zip Code 43210		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Ohio State Med. Center Occupation Neurosurgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

C. Full Name (Last, First, Middle Initial) Benjamin S. Carson		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address Johns Hopkins Univ. Hosp. 600 N. Wolfe St. Harvey 811		Transaction ID: SA11A1.4817	
City Baltimore State MD Zip Code 21287		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Johns Hopkins Univ. Hosp. Occupation Neurosurgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2365.00
TOTAL This Period (last page this line number only) ▶	