

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 3

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN SYSTEMS CORPORATION POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Brian D. Neely**

Mailing Address

**44042 Rising Sun Terrace**

City

**Ashburn**

State

**VA**

Zip Code

**20147**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

**American Systems Corporation**

Occupation (for Individual)

**Vice President**

Receipt For:

☐ Primary

☐ General

☒ Other (specify) **Authorized**

**Payroll Deduction**

Aggregate Year-to-Date ▼

**520.00**

Date of Receipt **Payroll Deduction**

**MM / DD / YYYY**

Amount of Each Receipt this Period

**260.00**

☐ Memo Item

**( \$ 20.00 BiWeekly )**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Stephen B. Saunders**

Mailing Address

**9 Coggeshall Way**

City

**Middletown**

State

**RI**

Zip Code

**02842**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

**American Systems Corporation**

Occupation (for Individual)

**Vice President**

Receipt For:

☐ Primary

☐ General

☒ Other (specify) **Authorized**

**Payroll Deduction**

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt **Payroll Deduction**

**MM / DD / YYYY**

Amount of Each Receipt this Period

**130.00**

☐ Memo Item

**( \$ 10.00 BiWeekly )**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Peter L. Smith**

Mailing Address

**15309 Jordans Journey Dr.**

City

**Centerville**

State

**VA**

Zip Code

**20120**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

**American Systems Corporation**

Occupation (for Individual)

**CEO/President**

Receipt For:

☐ Primary

☐ General

☒ Other (specify) **Authorized**

**Payroll Deduction**

Aggregate Year-to-Date ▼

**260.00**

Date of Receipt **Payroll Deduction**

**MM / DD / YYYY**

Amount of Each Receipt this Period

**130.00**

☐ Memo Item

**( \$ 10.00 BiWeekly )**

SUBTOTAL of Receipts This Page (optional).....▶

**520.00**

TOTAL This Period (last page this line number only).....▶

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