

# 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American Society of Anesthesiologists Political Action Committee</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00255752
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>Revolution Media Group</b>		Date MM / DD / YYYY <b>04 / 24 / 2012</b>
Mailing Address 1090 Vermont Ave Nw Suite 1230		Amount <b>31395.00</b>
City Washington	State DC	Zip Code 20005
Purpose of Expenditure Radio Ad Placement and Production		Transaction ID : <b>D127689</b>
Category/Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>IN</b> <input type="checkbox"/> Senate    District: <b>05</b> <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Dr. John McGoff M.D.		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <b>31395.00</b>		2012

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Category/Type	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		2012

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<b>31395.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<b>31395.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Mr. Thomas Conway*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **04 / 24 / 2012**