## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee	FEC IDENTIFICATION NUMBER ▼  C C00255752
Check if 24-hour report 48-hour report New report Amends report filed on	M M / D D / Y Y Y Y Y
Full Name of Payee Revolution Media Group	Date of Public Distribution/Dissemination  M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 Princess St	Amount
	75000.00  Transaction ID : D158478 Date of Disbursement or Obligation
Purpose of Expenditure TV ad Production and Distribution  Category/ Type  004	05 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate  Chad Mathis M.D.  Support  Oppose  Pr	resident Senate State: AL
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate  Support  Oppose  Proceedings of Federal Candidate	Sought: House District: resident Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disburse	ement For: Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	75000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	75000.00
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  [Electronically Filed] Date  O5	22 / 2014