

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 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 <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Revolution			Date of Public Distribution/Dissemination 10 / 01 / 2014		
Mailing Address 1020 Princess St			Amount 11659.00		
City Alexandria	State VA	Zip Code 22314-2247	Transaction ID : D161763 Date of Disbursement or Obligation 09 / 26 / 2014		
Purpose of Expenditure TV Ad Production		Category/ Type 004			
Name of Federal Candidate Rep. Dan Benishek		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		100000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Revolution			Date of Public Distribution/Dissemination 10 / 01 / 2014		
Mailing Address 1020 Princess St			Amount 88341.00		
City Alexandria	State VA	Zip Code 22314-2247	Transaction ID : D161764 Date of Disbursement or Obligation 09 / 26 / 2014		
Purpose of Expenditure TV Ad Distribution		Category/ Type 004			
Name of Federal Candidate Rep. Dan Benishek		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		100000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
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 10 / 02 / 2014	
Signature					

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

Full Name of Payee Revolution		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2014	
Mailing Address 1020 Princess St		Amount 11780.00	
City Alexandria	State VA	Zip Code 22314-2247	Transaction ID : D161765
Purpose of Expenditure TV Ad Production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Rep. Andy Barr		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 75000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Revolution		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2014	
Mailing Address 1020 Princess St		Amount 63220.00	
City Alexandria	State VA	Zip Code 22314-2247	Transaction ID : D161766
Purpose of Expenditure TV Ad Distribution		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Rep. Andy Barr		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 75000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	75000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	175000.00

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

MM / DD / YYYY
10 / 02 / 2014

Signature