

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>CASE Action Fund</b>		3. FEC Identification Number <b>C C90016627</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1038 S. 7th Ave Ste. 202		
(c) City, State and ZIP Code Phoenix AZ 85024		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report  24-Hour Report
- October 15 Quarterly Report  48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on  /  /

5. COVERING PERIOD: FROM  /  /  THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....  0.00  
7. TOTAL INDEPENDENT EXPENDITURES .....  79166.43

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 any political party committee or its agent.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Walsh, Brendan, , ,	Walsh, Brendan, , ,	10/22/2022
	<i>[Electronically Filed]</i>	

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee Basecamp		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2022	
Mailing Address 30 N Racine Ave		Amount 14.64	
City Chicago	State IL	Zip Code 60607-2183	
Purpose of Expenditure Field Canvassing Expenses		Category/ Type	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kelly, Mark, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 214885.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VVM8S9MPZ86

Full Name (Last, First, Middle Initial) of Payee EAN Services		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2022	
Mailing Address PO Box 402383		Amount 2253.43	
City Atlanta	State GA	Zip Code 30384-2383	
Purpose of Expenditure Field Canvassing Expenses		Category/ Type	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kelly, Mark, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 214885.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VVM8S9MPZ78

Full Name (Last, First, Middle Initial) of Payee FedEx		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2022	
Mailing Address 942 Shady Grove Rd S		Amount 3.76	
City Memphis	State TN	Zip Code 38120-4117	
Purpose of Expenditure Field Canvassing Expenses		Category/ Type	Office Sought: <input type="checkbox"/> House State: AZ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kelly, Mark, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 214885.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VVM8S9MPZ94

(a) SUBTOTAL of Itemized Independent Expenditures.....	2271.83
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee Sonesta		Date of Public Distribution/Dissemination 10 / 21 / 2022	
Mailing Address 255 Washington St Ste 270		Amount 7219.29	
City Newton	State MA	Zip Code 02458-1634	
Purpose of Expenditure Field Canvassing Expenses		Category/ Type	Transaction ID : VVM8S9MPZ52
Name of Federal Candidate Supported or Opposed by Expenditure: Kelly, Mark, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 00
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
		214885.54	

Full Name (Last, First, Middle Initial) of Payee Sonesta		Date of Public Distribution/Dissemination 10 / 22 / 2022	
Mailing Address 255 Washington St Ste 270		Amount 1945.98	
City Newton	State MA	Zip Code 02458-1634	
Purpose of Expenditure Field Canvassing Expenses		Category/ Type	Transaction ID : VVM8S9MPZ60
Name of Federal Candidate Supported or Opposed by Expenditure: Kelly, Mark, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 00
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
		214885.54	

Full Name (Last, First, Middle Initial) of Payee Verizon		Date of Public Distribution/Dissemination 10 / 21 / 2022	
Mailing Address 140 West St		Amount 554.60	
City New York	State NY	Zip Code 10007-2141	
Purpose of Expenditure Field Canvassing Expenses		Category/ Type	Transaction ID : VVM8S9MPZ44
Name of Federal Candidate Supported or Opposed by Expenditure: Kelly, Mark, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 00
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
		214885.54	

(a) **SUBTOTAL** of Itemized Independent Expenditures..... 9719.87

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures.....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee Worker Power PAC		Date of Public Distribution/Dissemination 10 / 21 / 2022	
Mailing Address 1021 S 7Th Ave Ste 202		Amount 67174.73	
City Phoenix	State AZ	Zip Code 85007-3760	Transaction ID : VVM8S9MPZ36
Purpose of Expenditure Field Canvassing Expenses	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Kelly, Mark, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	67174.73
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	79166.43