

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 CASE Action Fund			3. FEC Identification Number C C90016627
(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

M M	/	D D	/	Y Y Y Y

5. COVERING PERIOD:

FROM	M M	/	D D	/	Y Y Y Y
	11		04		2022
THROUGH	M M	/	D D	/	Y Y Y Y
	11		05		2022

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	5028.19

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.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Walsh, Brendan, , ,

Walsh, Brendan, , ,

11/05/2022

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F5N
Transaction ID :

Estimate

Form/Schedule:
Transaction ID:

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee Andy Water N Ice		Date of Public Distribution/Dissemination 11 / 04 / 2022	
Mailing Address 3141 S McClintock Dr Ste 12		Amount 43.96	
City Tempe	State AZ	Zip Code 85282-5683	Transaction ID : VVM8S9MX3A6
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: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Grubhub		Date of Public Distribution/Dissemination 11 / 04 / 2022	
Mailing Address 11 W Washington St Ste 2100		Amount 5.52	
City Chicago	State IL	Zip Code 60602-1603	Transaction ID : VVM8S9MX3B4
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: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Worker Power PAC		Date of Public Distribution/Dissemination 11 / 04 / 2022	
Mailing Address 1021 S 7Th Ave Ste 202		Amount 1559.05	
City Phoenix	State AZ	Zip Code 85007-3760	Transaction ID : VVM8S9MX3C2
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: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1608.53
(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 11 / 05 / 2022	
Mailing Address 1021 S 7Th Ave Ste 202		Amount 3419.66	
City Phoenix	State AZ	Zip Code 85007-3760	
Purpose of Expenditure Field Canvassing Expenses		Category/ Type	Transaction ID : VVM8S9MX3D0
Name of Federal Candidate Supported or Opposed by Expenditure: Kelly, Mark, , ,		Office Sought: <input checked="" 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		240331.78	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		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
Name of Federal Candidate Supported or Opposed by Expenditure:		State: _____ District: _____	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
		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
Name of Federal Candidate Supported or Opposed by Expenditure:		State: _____ District: _____	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	3419.66
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	5028.19