

# 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</b> C90016627
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 801 N 2ND AVE			
(c) City, State and ZIP Code PHOENIX AZ 85003			
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  /  /  2020  
THROUGH  /  /  2020

6. TOTAL CONTRIBUTIONS..... .00  
7. TOTAL INDEPENDENT EXPENDITURES .....  290.97

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>
Greenberg, Aaron, Samuel, ,	<i>Greenberg, Aaron, Samuel, ,</i> [Electronically Filed]	06/28/2020

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 CASE Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 27 / 2020	
Mailing Address		Amount 290.97	
City State Zip Code		Transaction ID : F57.000001	
Purpose of Expenditure Polling	Category/ Type 005	Office Sought: <input type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Biden, Joseph, Robinette, , Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought _____ .00			

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount _____	
City State Zip Code			
Purpose of Expenditure	Category/ Type _____	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	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 _____			

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount _____	
City State Zip Code			
Purpose of Expenditure	Category/ Type _____	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	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 _____			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	290.97
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	_____
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	290.97