

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
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2401 N Central Ave Suite 120		
(c) City, State and ZIP Code Phoenix AZ 85004		
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 **10 01 2016**
THROUGH **10 29 2016**

6. TOTAL CONTRIBUTIONS..... **5000.00**
7. TOTAL INDEPENDENT EXPENDITURES **7,875.24**

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

Brendan Walsh



10/31/16

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

2016110100016247

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

A. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address	
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Occupation		

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address	
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Occupation		

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address	
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Occupation		

D. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address	
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer Occupation		

SUBTOTAL of Receipts This Page (optional)	▶	
TOTAL This Period (last page carry total to Line 6)	▶	

2016-11-01 10:00:00 AM

**SCHEDULE 3-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee Costco		Date of Public Distribution/Dissemination 10 03 2016	
Mailing Address 4502 E Oak St		Amount 38.07	
City Phoenix	State AZ	Zip Code 85008	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5685.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Soto, Hugo		Date of Public Distribution/Dissemination 10 07 2016	
Mailing Address 2401 N Central		Amount 21.57	
City PHX	State AZ	Zip Code 85004	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5.706.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Alcala, Mark		Date of Public Distribution/Dissemination 10 07 2016	
Mailing Address 2401 N Central		Amount 4.75	
City PHX	State AZ	Zip Code 85004	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5711.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....>

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

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

2016 EDITION

**SCHEDULE 3-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee <u>Soto, Hugo</u>		Date of Public Distribution/Dissemination <u>10 07 2016</u>	
Mailing Address <u>2401 N Central Ave</u>		Amount <u>57.74</u>	
City <u>PHX</u>	State <u>AZ</u>	Zip Code <u>85004</u>	
Purpose of Expenditure <u>Food</u>	Category/Type <u>EVN</u>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Trump</u>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>5,763.18</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Homeaway</u>		Date of Public Distribution/Dissemination <u>10 07 2016</u>	
Mailing Address <u>1011 W 5TH St.</u>		Amount <u>675.34</u>	
City <u>Austin</u>	State <u>TX</u>	Zip Code <u>78703</u>	
Purpose of Expenditure <u>Housing for employee</u>	Category/Type <u>ADM</u>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Trump</u>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>6,438.52</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Soto, Hugo</u>		Date of Public Distribution/Dissemination <u>10 07 2016</u>	
Mailing Address <u>2401 N Central Ave.</u>		Amount <u>16.18</u>	
City <u>PHX</u>	State <u>AZ</u>	Zip Code <u>85004</u>	
Purpose of Expenditure <u>Fuel</u>	Category/Type <u>TVL</u>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Trump</u>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>6454.70</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

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

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

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

2016-11-01 10:00:00

**SCHEDULE 3-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee <u>Soto, Hugo</u>		Date of Public Distribution/Dissemination <u>10 07 2016</u>	
Mailing Address <u>2401 N. Central Ave</u>		Amount <u>89.09</u>	
City <u>PHX</u>	State <u>AZ</u>	Zip Code <u>85004</u>	
Purpose of Expenditure <u>Air fare</u>	Category/Type <u>TVL</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Trump</u>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>6,543.79</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>ADP</u>		Date of Public Distribution/Dissemination <u>10 07 2016</u>	
Mailing Address <u>1 ADP BLVD</u>		Amount <u>1456.38</u>	
City <u>Roseland</u>	State <u>NJ</u>	Zip Code <u>07068</u>	
Purpose of Expenditure <u>Wages</u>	Category/Type <u>ADM</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Trump</u>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>8000.17</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>WFCW 99</u>		Date of Public Distribution/Dissemination <u>10 07 2016</u>	
Mailing Address <u>2401 N Central Ave</u>		Amount <u>394.00</u>	
City <u>PHX</u>	State <u>AZ</u>	Zip Code <u>85004</u>	
Purpose of Expenditure <u>Organizer Health Insurance</u>	Category/Type <u>ADM</u>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Trump</u>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>8,394.17</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

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

2010 RELEASE UNDER E.O. 13526

**SCHEDULE 3-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee <u>KFC</u>		Date of Public Distribution/Dissemination <u>10 14 2016</u>	
Mailing Address <u>2401 N Central Ave</u>		Amount <u>25.79</u>	
City <u>PHX</u>	State <u>AZ</u>	Zip Code <u>85004</u>	
Purpose of Expenditure <u>Food</u>	Category/Type <u>EVN</u>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Trump</u>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>8419.96</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Safeway</u>		Date of Public Distribution/Dissemination <u>10 15 2016</u>	
Mailing Address <u>340 E McDowell Rd</u>		Amount <u>13.77</u>	
City <u>PHX</u>	State <u>AZ</u>	Zip Code <u>85004</u>	
Purpose of Expenditure <u>Food</u>	Category/Type <u>EVN</u>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Trump</u>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>8433.72</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Einsten Bagels</u>		Date of Public Distribution/Dissemination <u>10 17 2016</u>	
Mailing Address <u>2401 N Central Ave</u>		Amount <u>16.55</u>	
City <u>PHX</u>	State <u>AZ</u>	Zip Code <u>85004</u>	
Purpose of Expenditure <u>Food</u>	Category/Type <u>EVN</u>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Trump</u>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>8450.27</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

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

NON-FEDERAL CAMPAIGN

**SCHEDULE 3-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee Costco		Date of Public Distribution/Dissemination 10 17 2016	
Mailing Address 4502 E Oak St		Amount 43.45	
City PHX	State AZ	Zip Code 85008	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8,493.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Costco		Date of Public Distribution/Dissemination 10 18 2016	
Mailing Address 4502 E Oak St.		Amount 13.28	
City PHX	State AZ	Zip Code 85008	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8,507.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Little Ceasars		Date of Public Distribution/Dissemination 10 18 2016	
Mailing Address 933 N 16th St.		Amount 12.05	
City PHX	State AZ	Zip Code 85006	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8,589.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....>

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

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

2016-10-18 10:00:00 AM

**SCHEDULE 3-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CASE Actian Fund

Full Name (Last, First, Middle Initial) of Payee Costco		Date of Public Distribution/Dissemination 10 18 2016	
Mailing Address 4502 E Oak St		Amount 13.28	
City PHX	State AZ	Zip Code 85008	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8,532.33		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee La Cocina		Date of Public Distribution/Dissemination 10 20 2016	
Mailing Address 2209 2401 N Central Ave		Amount 17.91	
City PHX	State AZ	Zip Code 85004	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8,556.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Soto, hugo		Date of Public Distribution/Dissemination 10 25 2016	
Mailing Address 2401 N Central Ave		Amount 116.24	
City PHX	State AZ	Zip Code 85004	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8660.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

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

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

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

2016-11-01 10:00:00 AM

**SCHEDULE 3-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee <u>Soto, Hugo</u>		Date of Public Distribution/Dissemination <u>10 25 2016</u>	
Mailing Address <u>2401 N Central Ave.</u>		Amount <u>1,234.69</u>	
City <u>PHX</u>	State <u>AZ</u>	Zip Code <u>85004</u>	
Purpose of Expenditure <u>Transportation</u>	Category/Type <u>TVL</u>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Trump</u>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>9,895.18</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Fry's Food</u>		Date of Public Distribution/Dissemination <u>10 23 2016</u>	
Mailing Address <u>2401 N Central Ave.</u>		Amount <u>0.36</u>	
City <u>PHX</u>	State <u>AZ</u>	Zip Code <u>85004</u>	
Purpose of Expenditure <u>Food</u>	Category/Type <u>EVN</u>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Trump</u>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>9,895.54</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <u>Gojo Ethiopian</u>		Date of Public Distribution/Dissemination <u>10 24 2016</u>	
Mailing Address <u>3015 E Thomas Rd.</u>		Amount <u>56.25</u>	
City <u>PHX</u>	State <u>AZ</u>	Zip Code <u>85016</u>	
Purpose of Expenditure <u>Food</u>	Category/Type <u>EVN</u>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Trump</u>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>9,951.79</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....>

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

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

2016-11-01 10:00:00 AM

**SCHEDULE 3-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee Mi Patio		Date of Public Distribution/Dissemination 10 24 2016
Mailing Address 2401 N Central Ave		Amount 101.93
City PHX	State AZ	
Zip Code 85004		
Purpose of Expenditure Supplies	Category/Type EVN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10.053.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee 99 Cents Store		Date of Public Distribution/Dissemination 10 24 2016
Mailing Address 1240 E Indian School Rd.		Amount 6.25
City PHX	State AZ	
Zip Code 85014		
Purpose of Expenditure Supplies	Category/Type EVN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10.059.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee JUAN'S Authentic Mexican		Date of Public Distribution/Dissemination 10 26 2016
Mailing Address 2401 N Central Ave		Amount 101.87
City PHX	State AZ	
Zip Code 85014		
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10.161.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

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

2016-11-01 09:00:00 AM

**SCHEDULE 3-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee Costco		Date of Public Distribution/Dissemination 09 09 2016
Mailing Address 4502 E Oak St		Amount 49.14
City Phoenix	State Zip Code AZ 85008	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10,210.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Little Ceasees		Date of Public Distribution/Dissemination 10 24 2016
Mailing Address 933 N 16th St		Amount 7.47
City PHX	State Zip Code AZ 85006	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10218.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee La Mexicana		Date of Public Distribution/Dissemination 10 24 2016
Mailing Address 1722 S 27th Ave		Amount 32.73
City PHX	State Zip Code AZ 85009	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10,251.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....>

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

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

2016-11-01 09:00 AM

**SCHEDULE 3-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee Dominic's		Date of Public Distribution/Dissemination 10 24 2016	
Mailing Address 2819 N Central Ave		Amount 18.14	
City PHX	State AZ	Zip Code 85004	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10269.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Safeway		Date of Public Distribution/Dissemination 10 25 2016	
Mailing Address 340 E McDowell Rd.		Amount 8.10	
City PHX	State AZ	Zip Code 85004	
Purpose of Expenditure Travel Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10277.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee La Mexicana		Date of Public Distribution/Dissemination 10 25 2016	
Mailing Address 1722 S 27th Ave		Amount 6.49	
City PHX	State AZ	Zip Code 85009	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10283.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

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

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

NON-FEDERAL CAMPAIGN FINANCE

**SCHEDULE 5-C
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CASE ACTION Fund

Full Name (Last, First, Middle Initial) of Payee Safeway		Date of Public Distribution/Dissemination 10 25 2016
Mailing Address 340 E McDowell Rd.		Amount 6.25
City PHX	State Zip Code AZ 85004	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10 290 14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Little Ceasars		Date of Public Distribution/Dissemination 10 26 2016
Mailing Address 933 N 16th St.		Amount 6.79
City PHX	State Zip Code AZ 85009	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10,296.92		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Fry's Food		Date of Public Distribution/Dissemination 10 25 2016
Mailing Address 2401 N Central Ave		Amount 1.52
City PHX	State Zip Code AZ 85004	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10,298.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....>

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

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

2016 EDITION

**SCHEDULE 3-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee Office Max		Date of Public Distribution/Dissemination M M D D Y Y Y Y 10 26 2016
Mailing Address 928 W Camelback Rd		Amount 9.54
City PHX	State Zip Code AZ 85013	
Purpose of Expenditure Supplies	Category/Type ADM	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10,307.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee J&R printing		Date of Public Distribution/Dissemination M M D D Y Y Y Y 10 17 2016
Mailing Address 638 W. Indian School Rd.		Amount 382.27
City PHX	State Zip Code AZ 85013	
Purpose of Expenditure Printing	Category/Type COM	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10,690.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Rapid Wristbands		Date of Public Distribution/Dissemination M M D D Y Y Y Y 10 29 2016
Mailing Address 2401 N Central Ave		Amount 51.25
City PHX	State Zip Code AZ 85004	
Purpose of Expenditure Wristbands	Category/Type COM	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10,741.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

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

2016 RELEASE UNDER E.O. 13526

**SCHEDULE 3-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee Little Ceasars		Date of Public Distribution/Dissemination M M D D Y Y Y Y 10 26 2016	
Mailing Address 933 N 16th St. PHX		Amount 1358	
City PHX	State AZ	Zip Code 85006	
Purpose of Expenditure Food	Category/Type EVN	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1,0755.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Little Ceasars		Date of Public Distribution/Dissemination M M D D Y Y Y Y 10 26 2016	
Mailing Address 933 N 16th St		Amount	
City PHX	State AZ	Zip Code 85006	
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 11,294.62		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee A-1 Leasing		Date of Public Distribution/Dissemination M M D D Y Y Y Y 10 28 2016	
Mailing Address 2401 N Central Ave		Amount 539.55	
City PHX	State AZ	Zip Code 85009	
Purpose of Expenditure Rental	Category/Type TVL	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11,294.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....>

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

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

2016-10-26 10:00:00 AM

**SCHEDULE 3-C
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee A-1 Leasing		Date of Public Distribution/Dissemination 10 28 2016
Mailing Address 2401 N Central Ave		Amount 185.50
City PHX	State AZ	
Zip Code 85004		
Purpose of Expenditure Rental	Category/Type TVL	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 11,480.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee UNITE HERE Local 11		Date of Public Distribution/Dissemination 10 28 2016
Mailing Address 464 S Lucas Ave		Amount 1,443.07
City LA	State CA	
Zip Code 90017		
Purpose of Expenditure Organizer Salary	Category/Type ADM	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13,423.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee J & R printing		Date of Public Distribution/Dissemination 10 28 2016
Mailing Address 638 W Indian School Rd.		Amount 99.10
City PHX	State AZ	
Zip Code 90017		
Purpose of Expenditure Stickers	Category/Type COM	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 13,522.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

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

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

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

NON-FEDERAL CONTRIBUTION

Via E-Mail

NOVEMBER 10 11 00 AM '00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked	
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-MAIL</i>	Date of Receipt or Postmarked <i>10-31-2016</i>


 PREPARER

11-01-2016
 DATE PREPARED

NON-FEDERAL ELECTION