

# 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>	
(b) Address (number and street) <b>801 N 2nd Ave</b>	<input type="checkbox"/> check if different than previously reported
(c) City, State and ZIP Code <b>Phoenix AZ, 85003</b>	3. FEC Identification Number <b>C</b>
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 <sup>M</sup>09 <sup>D</sup>04 <sup>Y</sup>2018  
THROUGH <sup>M</sup>09 <sup>D</sup>04 <sup>Y</sup>2018

6. TOTAL CONTRIBUTIONS..... , , ,  
7. TOTAL INDEPENDENT EXPENDITURES ..... , \$24,075.37


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

Joseph M Silva

 9/22/2016

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

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

2018-09-24 09:00:00



**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**CASE Action Fund**

Full Name (Last, First, Middle Initial) of Payee <b>Amazon</b>		Date of Public Distribution/Dissemination M M D D Y Y Y Y <b>09 10 2018</b>	
Mailing Address <b>P.O.Box 81226</b>		Amount <b>29390</b>	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98108</b>	
Purpose of Expenditure <b>supplies for canvass</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		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 <b>The Home Depot</b>		Date of Public Distribution/Dissemination M M D D Y Y Y Y <b>09 10 2018</b>	
Mailing Address <b>3609 East Thomas Road</b>		Amount <b>6250</b>	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85018</b>	
Purpose of Expenditure <b>supplies for canvassers</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		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 <b>Amazon</b>		Date of Public Distribution/Dissemination M M D D Y Y Y Y <b>09 10 2018</b>	
Mailing Address <b>P.O.Box 81226</b>		Amount <b>4850</b>	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98108</b>	
Purpose of Expenditure <b>supplies for canvass</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		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) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>404.91</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	

20140910 10:00:00 AM

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**CASE Action Fund**

Full Name (Last, First, Middle Initial) of Payee <b>Bento for Business</b>		Date of Public Distribution/Dissemination <b>09 17 2018</b>	
Mailing Address <b>221 Main Street Ste 1325</b>		Amount <b>1,333.33</b>	
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>	
Purpose of Expenditure <b>food for canvas</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AZ</b> District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>24,075.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Office Max</b>		Date of Public Distribution/Dissemination <b>09 17 2018</b>	
Mailing Address <b>928 West Camelback Road</b>		Amount <b>90</b>	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85013</b>	
Purpose of Expenditure <b>postage for canvasser</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AZ</b> District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>24,075.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Every Nook &amp; Kranny</b>		Date of Public Distribution/Dissemination <b>09 18 2018</b>	
Mailing Address <b>117 West Route 66 Ste 150</b>		Amount <b>375.00</b>	
City <b>Williams</b>	State <b>AZ</b>	Zip Code <b>86046</b>	
Purpose of Expenditure <b>office cleaning</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AZ</b> District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>24,075.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1,371.73</b>
(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 <b>Amazon</b>		Date of Public Distribution/Dissemination M M D D Y Y Y Y <b>09 10 2018</b>	
Mailing Address <b>P.O.Box 81226</b>		Amount <b>4 33</b>	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98108</b>	
Purpose of Expenditure <b>supplies for canvas</b>	Category/ Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2 4 0 7 5 3 7</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Idealist</b>		Date of Public Distribution/Dissemination M M D D Y Y Y Y <b>09 12 2018</b>	
Mailing Address <b>389 5th Avenue, 9th floor</b>		Amount <b>1 500</b>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10016</b>	
Purpose of Expenditure <b>ad for canvas</b>	Category/ Type <b>0 0 4</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2 4 0 7 5 3 7</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Costco wholesale</b>		Date of Public Distribution/Dissemination M M D D Y Y Y Y <b>09 12 2018</b>	
Mailing Address <b>1646 West Montebello Road</b>		Amount <b>1 43</b>	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85015</b>	
Purpose of Expenditure <b>food for canvas</b>	Category/ Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2 4 0 7 5 3 7</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>20.76</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

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**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**CASE Action Fund**

Full Name (Last, First, Middle Initial) of Payee <b>Costco wholesale</b>		Date of Public Distribution/Dissemination 09 12 2018	
Mailing Address <b>1646 W Montebello Ave</b>		Amount <b>6,900</b>	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85013</b>	
Purpose of Expenditure <b>food for canvas</b>	Category/Type <b>0 0 1</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>24,075.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Ken Gray</b>		Date of Public Distribution/Dissemination 09 12 2018	
Mailing Address <b>5328 North 3rd Avenue</b>		Amount <b>6.18</b>	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85013</b>	
Purpose of Expenditure <b>postage for canvasser</b>	Category/Type <b>0 0 1</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>24,075.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Amazon</b>		Date of Public Distribution/Dissemination 09 12 2018	
Mailing Address <b>P.O.Box 81226</b>		Amount <b>3.71</b>	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98108</b>	
Purpose of Expenditure <b>supplies for canvas</b>	Category/Type <b>0 0 1</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>24,075.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>76.79</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	

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**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**CASE Action Fund**

Full Name (Last, First, Middle Initial) of Payee <b>Costco Wholesale</b>		Date of Public Distribution/Dissemination M M Y Y 0 9 1 9 - 2 0 1 8	
Mailing Address <b>3801 N 33rd Ave</b>		Amount <b>9 3 1 0</b>	
City <b>Phoenix</b>	State <b>Az</b>	Zip Code <b>85017</b>	
Purpose of Expenditure <b>Food for canvas</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u><b>AZ</b></u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Krysten Sinema</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2 4 0 7 5 3 7</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Quick Trip</b>		Date of Public Distribution/Dissemination M M Y Y 0 9 1 9 - 2 0 1 8	
Mailing Address <b>4705 South 129th East Avenue Tulsa, OK 74134</b>		Amount <b>8 7 8 1 3</b>	
City <b>Tulsa</b>	State <b>OK</b>	Zip Code <b>74134</b>	
Purpose of Expenditure <b>Transport for canvasser</b>	Category/Type <b>0 0 1</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u><b>AZ</b></u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Krysten Sinema</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2 4 0 7 5 3 7</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Amazon</b>		Date of Public Distribution/Dissemination M M Y Y 0 9 1 9 - 2 0 1 8	
Mailing Address <b>PO Box 81226</b>		Amount <b>2 5 8 2 5</b>	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98108</b>	
Purpose of Expenditure <b>Supplies for canvas</b>	Category/Type <b>0 0 1</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u><b>AZ</b></u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Krysten Sinema</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2 4 0 7 5 3 7</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1 2 2 9 4 8</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	

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**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**CASE Action Fund**

Full Name (Last, First, Middle Initial) of Payee <b>Amazon</b>		Date of Public Distribution/Dissemination M M D D Y Y Y Y <b>09 10 2018</b>	
Mailing Address <b>P.O.Box 81226</b>		Amount <b>2,666</b>	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98108</b>	
Purpose of Expenditure <b>supplies for canvass</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House State: <b>AZ</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		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 <b>Southwest Airlines</b>		Date of Public Distribution/Dissemination M M D D Y Y Y Y <b>09 10 2018</b>	
Mailing Address <b>3800 East Sky Harbor Boulevard</b>		Amount <b>5,999</b>	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85034</b>	
Purpose of Expenditure <b>transport for canvasser</b>	Category/Type <b>0 0 2</b>	Office Sought: <input type="checkbox"/> House State: <b>AZ</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		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 <b>Southwest Airlines</b>		Date of Public Distribution/Dissemination M M D D Y Y Y Y <b>09 10 2018</b>	
Mailing Address <b>3800 East Sky Harbor Boulevard</b>		Amount <b>4,399</b>	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85034</b>	
Purpose of Expenditure <b>supplies for canvass</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House State: <b>AZ</b> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		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) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>10665</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	

20180910 10:00:00 AM



**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee Amazon		Date of Public Distribution/Dissemination M M / D D / Y Y / Y Y 0 9 / 1 9 / 2 0 / 1 8	
Mailing Address PO Box 81226		Amount 4 0 . 8 5	
City Seattle	State WA	Zip Code 98108	
Purpose of Expenditure Supplies for canvas	Category/ Type 0 0 1	Office Sought: <input type="checkbox"/> House State: <u>AZ</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Krysten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2 4 0 7 5 3 7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Amazon		Date of Public Distribution/Dissemination M M / D D / Y Y / Y Y 0 9 / 1 9 / 2 0 / 1 8	
Mailing Address PO Box 81226		Amount 3 9 . 7 8	
City Seattle	State WA	Zip Code 98108	
Purpose of Expenditure Supplies for canvas	Category/ Type 0 0 1	Office Sought: <input type="checkbox"/> House State: <u>AZ</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Krysten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2 4 0 7 5 3 7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Amazon		Date of Public Distribution/Dissemination M M / D D / Y Y / Y Y 0 9 / 1 9 / 2 0 / 1 8	
Mailing Address PO Box 81226 Seattle WA 98108		Amount 1 5 . 2 3	
City Seattle	State WA	Zip Code 98108	
Purpose of Expenditure Supplies for canvas	Category/ Type 0 0 1	Office Sought: <input type="checkbox"/> House State: <u>AZ</u> <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Krysten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2 4 0 7 5 3 7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9 5 . 8 6
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	.
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	.

2018-09-24 09:00:00

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**CASE Action Fund**

Full Name (Last, First, Middle Initial) of Payee <b>Bento for Business</b>	Date of Public Distribution/Dissemination M O N T H D A Y Y E A R 0 9 0 4 2 0 1 8
Mailing Address <b>221 Main St Ste 1325</b>	Amount  <b>2 4 2 0 0</b>
City State Zip Code <b>San Francisco CA 94105</b>	

Purpose of Expenditure <b>Food for canvas</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>AZ</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Krysten Sinema</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2 4 0 7 5 3 7</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Amazon</b>	Date of Public Distribution/Dissemination M O N T H D A Y Y E A R 0 9 0 4 2 0 1 8
Mailing Address <b>PO Box 81226</b>	Amount  <b>8 1 4</b>
City State Zip Code <b>Seattle WA 98108</b>	

Purpose of Expenditure <b>Supplies for canvas</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>AZ</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Krysten Sinema</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2 4 0 7 5 3 7</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <b>Amazon</b>	Date of Public Distribution/Dissemination M O N T H D A Y Y E A R 0 9 0 4 2 0 1 8
Mailing Address <b>PO Box 81226</b>	Amount  <b>2 1 2 3 2</b>
City State Zip Code <b>Seattle WA 98108</b>	

Purpose of Expenditure <b>Supplies for canvas</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>AZ</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Krysten Sinema</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2 4 0 7 5 3 7</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>4 6 2, 4 6</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<b>1 3</b>
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	<b>5 9</b>

NOTICE: DO NOT WRITE IN THESE SPACES

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**CASE Action Fund**

Full Name (Last, First, Middle Initial) of Payee <b>Costco wholesale</b>		Date of Public Distribution/Dissemination M M D D Y Y Y Y <b>09 10 2018</b>	
Mailing Address <b>1646 West Montebello Road</b>		Amount	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85015</b>	
Purpose of Expenditure <b>food for canvass</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		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 <b>Food City</b>		Date of Public Distribution/Dissemination M M D D Y Y Y Y <b>09 10 2018</b>	
Mailing Address <b>1940 West Indian School Road</b>		Amount	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85015</b>	
Purpose of Expenditure <b>food for canvass</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		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 <b>Starbucks</b>		Date of Public Distribution/Dissemination M M D D Y Y Y Y <b>09 10 2018</b>	
Mailing Address <b>701 West McDowell Road</b>		Amount	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85007</b>	
Purpose of Expenditure <b>food for canvass</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		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) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>57.36</b>
(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 <b>Greyhound</b>		Date of Public Distribution/Dissemination M M D D / Y Y Y Y <b>09 07 2018</b>	
Mailing Address <b>2115 East Buckeye Road</b>		Amount  <b>1313</b>	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85034</b>	
Purpose of Expenditure <b>transport for canvasser</b>		Category/Type <b>0 0 2</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		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 <b>Bento for Business</b>		Date of Public Distribution/Dissemination M M D D / Y Y Y Y <b>09 10 2018</b>	
Mailing Address <b>221 Main Street Ste 1325</b>		Amount  <b>24200</b>	
City <b>San Francisco</b>	State <b>AZ</b>	Zip Code <b>85034</b>	
Purpose of Expenditure <b>food for canvass</b>		Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		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 <b>Safeway</b>		Date of Public Distribution/Dissemination M M D D / Y Y Y Y <b>09 10 2018</b>	
Mailing Address <b>340 East McDowell Road</b>		Amount  <b>352</b>	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85004</b>	
Purpose of Expenditure <b>food for canvass</b>		Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		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) _____	

(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)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**CASE Action Fund**

Full Name (Last, First, Middle Initial) of Payee <b>Amazon</b>		Date of Public Distribution/Dissemination 0 9 / 1 7 / 2 0 1 8	
Mailing Address <b>PO Box 81226</b>		Amount	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98108</b>	
Purpose of Expenditure <b>Food for canvas</b>	Category/Type 0 0 1	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u><b>AZ</b></u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Krysten Sinema</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2 4 0 7 5 3 7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Amazon</b>		Date of Public Distribution/Dissemination 0 9 / 1 7 / 2 0 1 8	
Mailing Address <b>PO Box 81226</b>		Amount	
City <b>Phoenix</b>	State <b>WA</b>	Zip Code <b>98108</b>	
Purpose of Expenditure <b>Food for canvas</b>	Category/Type 0 0 1	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u><b>AZ</b></u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Krysten Sinema</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2 4 0 7 5 3 7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Amazon</b>		Date of Public Distribution/Dissemination 0 9 / 1 7 / 2 0 1 8	
Mailing Address <b>PO Box 81226</b>		Amount	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98108</b>	
Purpose of Expenditure <b>Food for canvas</b>	Category/Type 0 0 1	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u><b>AZ</b></u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Krysten Sinema</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2 4 0 7 5 3 7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	\$ 3 7 3 . 8 4
(b) SUBTOTAL of Unitemized Independent Expenditures.....	.
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	\$ 3 7 3 . 8 4

20130901 00:21:41 AM

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**CASE Action Fund**

Full Name (Last, First, Middle Initial) of Payee <b>Greyhound</b>		Date of Public Distribution/Dissemination 0 9 0 5 2 0 1 8	
Mailing Address <b>2115 E Buckeye Rd</b>		Amount <b>1 4 . 1 3</b>	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85034</b>	
Purpose of Expenditure <b>Transport for canvasser</b>	Category/ Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u><b>AZ</b></u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Krysten Sinema</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2 4 , 0 7 5 . 3 7</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Amazon</b>		Date of Public Distribution/Dissemination 0 9 0 6 2 0 1 8	
Mailing Address <b>PO Box 81226 Seattle</b>		Amount <b>1 . 5 6</b>	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98108</b>	
Purpose of Expenditure <b>Supplies for cavas</b>	Category/ Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u><b>AZ</b></u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Krysten Sinema</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2 4 , 0 7 5 . 3 7</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Costco Wholesale</b>		Date of Public Distribution/Dissemination 0 9 0 7 2 0 1 8	
Mailing Address <b>1646 W Montebello Ave</b>		Amount <b>7 . 2 5</b>	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85015</b>	
Purpose of Expenditure <b>Food for canvas</b>	Category/ Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u><b>AZ</b></u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Krysten Sinema</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>2 4 , 0 7 5 . 3 7</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>2 2 . 9 4</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

20130910 10:00 AM

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**CASE Action Fund**

Full Name (Last, First, Middle Initial) of Payee <b>Amazon</b>		Date of Public Distribution/Dissemination 09 04 2018	
Mailing Address <b>PO Box 81226</b>		Amount 10131	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98108</b>	
Purpose of Expenditure <b>Supplies for canvas</b>	Category/Type 0 0 1	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>AZ</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Krysten Sinema</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2 4 0 7 5 3 7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Costco</b>		Date of Public Distribution/Dissemination 09 04 2018	
Mailing Address <b>1646 W Montebello Ave</b>		Amount 6846	
City <b>Phoeniz</b>	State <b>AZ</b>	Zip Code <b>85015</b>	
Purpose of Expenditure <b>Supplies for canvas</b>	Category/Type 0 0 1	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>AZ</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Krysten Sinema</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2 4 0 7 5 3 7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Amazon</b>		Date of Public Distribution/Dissemination 09 04 2018	
Mailing Address <b>PO Box 81226</b>		Amount 431	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98108</b>	
Purpose of Expenditure <b>Supplies for canvas</b>	Category/Type 0 0 1	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>AZ</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Krysten Sinema</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2 4 0 7 5 3 7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	\$ 1 7 4 0 8
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	\$ .
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	\$ 1 7 4 0 8

20130909 10:00:00 AM

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**CASE Action Fund**

Full Name (Last, First, Middle Initial) of Payee <b>Amazon</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <b>09 / 10 / 2018</b>	
Mailing Address <b>P.O.Box 81226</b>		Amount <b>3,227</b>	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98108</b>	
Purpose of Expenditure <b>supplies for canvass</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		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 <b>Amazon</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <b>09 / 10 / 2018</b>	
Mailing Address <b>P.O.Box 81226</b>		Amount <b>2,000</b>	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98108</b>	
Purpose of Expenditure <b>supplies for canvass</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		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 <b>Amazon</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <b>09 / 10 / 2018</b>	
Mailing Address <b>P.O.Box 81226</b>		Amount <b>8,660</b>	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98108</b>	
Purpose of Expenditure <b>suppliesfor canvass</b>	Category/Type <b>0 0 1</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>AZ</b> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		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) _____	

(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)	▶			

NATIONWIDE INFORMATION



**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**CASE Action Fund**

Full Name (Last, First, Middle Initial) of Payee <b>P&amp;A Administrative Services, Inc.</b>		Date of Public Distribution/Dissemination 09 / 12 / 2018	
Mailing Address <b>17 Court St. #500</b>		Amount <b>\$368.59</b>	
City <b>Buffalo</b>	State <b>NY</b>	Zip Code <b>14202</b>	
Purpose of Expenditure <b>insurance for canvasser</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>\$24,075.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Every Nook &amp; Kranny</b>		Date of Public Distribution/Dissemination 09 / 12 / 2018	
Mailing Address <b>117 W Route 66 Ste 150</b>		Amount <b>\$37.50</b>	
City <b>Williams</b>	State <b>AZ</b>	Zip Code <b>86046</b>	
Purpose of Expenditure <b>office cleaning</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>\$24,075.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>Kirchen, Carly</b>		Date of Public Distribution/Dissemination 09 / 14 / 2018	
Mailing Address <b>110 E Terrace Ave Unit B</b>		Amount <b>\$20.55</b>	
City <b>Flagstaff</b>	State <b>AZ</b>	Zip Code <b>86001</b>	
Purpose of Expenditure <b>Supplies for canvas</b>	Category/Type <b>001</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>\$24,075.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	\$426.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

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**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee Mari Yepez		Date of Public Distribution/Dissemination 09/07/2018	
Mailing Address 801 N 2nd Ave		Amount 2,273	
City Phoenix	State AZ	Zip Code 85003	
Purpose of Expenditure Food for canvas	Category/Type 0 0 1	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>AZ</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Krysten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2 4 0 7 5 3 7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mari Yepez		Date of Public Distribution/Dissemination 09/07/2018	
Mailing Address 801 N 2nd Ave		Amount 0,33	
City Phoenix	State AZ	Zip Code 85003	
Purpose of Expenditure Parking for canvas	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>AZ</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Krysten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2 4 0 7 5 3 7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Amazon		Date of Public Distribution/Dissemination 09/07/2018	
Mailing Address PO Box 81226		Amount 7028	
City Seattle	State WA	Zip Code 98108	
Purpose of Expenditure Supplies for canvas	Category/Type 0 0 1	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>AZ</u> District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Krysten Sinema		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2 4 0 7 5 3 7		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9,334
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	.
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	9,334

20180908 10:50:00 AM

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
**CASE Action Fund**

Full Name (Last, First, Middle Initial) of Payee <b>Amazon</b>		Date of Public Distribution/Dissemination 09 19 2018	
Mailing Address <b>PO Box 81226</b>		Amount	
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98108</b>	<b>\$16.54</b>
Purpose of Expenditure <b>Supplies for canvas</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>\$24,075.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>THE WEBSTAUANT STORE</b>		Date of Public Distribution/Dissemination 09 19 2018	
Mailing Address <b>40 Citation Ln</b>		Amount	
City <b>Lititz</b>	State <b>PA</b>	Zip Code <b>17543</b>	<b>\$114.30</b>
Purpose of Expenditure <b>Supplies for canvas</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>\$24,075.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee <b>UFCW LOCAL 99</b>		Date of Public Distribution/Dissemination 09 20 2018	
Mailing Address <b>2401 N Central Ave</b>		Amount	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85004</b>	<b>\$285.92</b>
Purpose of Expenditure <b>insurance for canvasser</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>\$24,075.37</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>\$416.75</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

NO-10-10-2018 10:00 AM

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
CASE Action Fund

Full Name (Last, First, Middle Initial) of Payee ADP Payroll		Date of Public Distribution/Dissemination 09 20 2018	
Mailing Address 111 W. Rio Salado Pkwy		Amount \$3,437.20	
City Tempe	State AZ	Zip Code 85281	
Purpose of Expenditure Payroll Taxes Maricopa County		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sinema, Krysten		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought \$24,075.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee ADP Payroll		Date of Public Distribution/Dissemination 09 20 2018	
Mailing Address 111 W. Rio Salado Pkwy		Amount \$11,360.34	
City Tempe	State AZ	Zip Code 85281	
Purpose of Expenditure Payroll Maricopa County		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sinema, Krysten		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought \$24,075.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee ADP Payroll		Date of Public Distribution/Dissemination 09 20 2018	
Mailing Address 111 W. Rio Salado Pkwy		Amount \$708.37	
City Tempe	State AZ	Zip Code 85281	
Purpose of Expenditure Payroll Taxes Coconino		Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sinema, Krysten		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought \$24,075.37		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	\$15,505.91
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

NOTES: GOVERNMENT

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 20 OF 20  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)  
**CASE Action Fund**

Full Name (Last, First, Middle Initial) of Payee <b>ADP Payroll</b>		Date of Public Distribution/Dissemination <b>09 / 20 / 2018</b>	
Mailing Address <b>111 W. Rio Salado Pkwy</b>		Amount	
City <b>Tempe</b>	State <b>AZ</b>	Zip Code <b>85281</b>	<b>\$2,833.49</b>
Purpose of Expenditure <b>Payroll Coconino</b>	Category/Type <b>001</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: <b>Sinema, Krysten</b>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>\$24,075.37</b>		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.....		<b>\$2,833.49</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		.
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)		<b>\$24,075.37</b>

# Via E-Mail

20110101 00:00:00

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.

20180924 10:00:00 AM

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<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): $\Sigma$ -Mail	Date of Receipt or Postmarked 9/22/18
ES PREPARER	9/24/18 DATE PREPARED