## FEC FORM 5

**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED** 

To Be Used by Persons (Other than Political Committees)

(b) Address (number and street)       check if different than previously reported         103 S. 7th Ave       St. 232         (c) City. State and ZIP Code       AZ         Pheenix       AZ         2. Occupation and Name of Employer (for individual Filers Only)       C. Ca0016827         4. TYPE OF REPORT (check appropriate boxes):       (a) April 15 Quarterly Report         July 15 Quarterly Report       24-Hour Report         July 15 Quarterly Report       448-Hour Report         January 31 Year-End Report       48-Hour Report         January 31 Year-End Report       16         S. COVERING PERIOD:       FROM         THROUGH       16         2022       1         C. TOTAL CONTRIBUTIONS       16         Vider prenative formity for projucy Contribution for an amendment?       16         10       16       2022         FROM       10       16       2022         CoverPrince Period Contribution for an amendment?       19       16       2022         Cover Prince Period Contribution for an amendment?       10       16       2022       1923.31         Urder prenative of period committee or agent of either, or any political party committee or it a gent.       1923.31       1923.31	1. (a) Name of Individual, Organization or Corporation CASE Action Fund		
Phoenix       AZ       85024       S. FEU definition of Number         2. Occupation and Name of Employer (for Individual Filers Only) <ul> <li>A. TYPE OF REPORT (check appropriate boxes):</li> <li>(a) April 15 Quarterly Report</li> <li>(b) April 15 Quarterly Report</li> <li>(c) Cotober 15 Quarterly Report</li> <li>(c) April 10 (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)</li></ul>	1038 S. 7th Ave		
Phoenix       AZ       85024         2.       Occupation and Name of Employer (for Individual Filers Only)       C       C         4.       TYPE OF REPORT (check appropriate boxes): <ul> <li>(a)</li> <li>April 15 Quarterly Report</li> <li>24-Hour Report</li> <li>October 15 Quarterly Report</li> <li>24-Hour Report</li> <li>October 15 Quarterly Report</li> <li>3 January 31 Year-End Report</li> <li>January 31 Year-End Report</li> <li>Mo</li> <li>Yes, it amends the report filed on</li> <li>************************************</li></ul>	(c) City, State and ZIP Code	3 FEC Identification Number	
Coordinated rand rearies of Expendent constraints of the request or suggestion     d. TYPE OF REPORT (check appropriate boxes):         (a) April 15 Quarterly Report         July 15 Quarterly Report         January 31 Year-End Report         January 31 Year-End Report         January 31 Year-End Report         July 15 Covering Termination         S. COVERING PERIOD:         FROM         To         ThrOUGH         To         ThrOUGH         To         To         To	Phoenix AZ 85024		
Coordinated rand rearies of Expendent constraints of the request or suggestion     d. TYPE OF REPORT (check appropriate boxes):         (a) April 15 Quarterly Report         July 15 Quarterly Report         January 31 Year-End Report         January 31 Year-End Report         January 31 Year-End Report         July 15 Covering Termination         S. COVERING PERIOD:         FROM         To         ThrOUGH         To         ThrOUGH         To         To         To	2 Occupation and Name of Employor (for Individual Filers Only)	С С90016627	
(a)       April 15 Quarterly Report         (a)       April 15 Quarterly Report         (a)       July 15 Quarterly Report         (b)       Cotober 15 Quarterly Report         (c)       January 31 Year-End Report         (c)       January 31 Year-End Report         (c)       January 31 Year-End Report         (c)       Is this Report an amendment?         (c)       Is this Report an amendment?         (c)       FROM         10       (16)         (c)       THROUGH         (c)       TOTAL CONTRIBUTIONS         (c)       TOTAL INDEPENDENT EXPENDITURES         (c)       TOTAL INDEPENDENT EXPENDITURES         (c)       agent of either, or any political party committee or its agent.         TYPE OR PRINT NAME OF PERSON COMPLETING FORM       Signature         Walsh, Brendan,       OATE         Walsh, Brendan,       10/18/2022			
(a)       April 15 Quarterly Report         (a)       April 15 Quarterly Report         (a)       July 15 Quarterly Report         (b)       Cotober 15 Quarterly Report         (c)       January 31 Year-End Report         (c)       January 31 Year-End Report         (c)       January 31 Year-End Report         (c)       Is this Report an amendment?         (c)       Is this Report an amendment?         (c)       FROM         10       (16)         (c)       THROUGH         (c)       TOTAL CONTRIBUTIONS         (c)       TOTAL INDEPENDENT EXPENDITURES         (c)       TOTAL INDEPENDENT EXPENDITURES         (c)       agent of either, or any political party committee or its agent.         TYPE OR PRINT NAME OF PERSON COMPLETING FORM       Signature         Walsh, Brendan,       OATE         Walsh, Brendan,       10/18/2022			
I danuary 31 Year-End Report (b) Is this Report an amendment? IN No Ves, it amends the report filed on IN (IN (IN (IN (IN (IN (IN (IN (IN (IN	(a) April 15 Quarterly Report		
I danuary 31 Year-End Report (b) Is this Report an amendment? IN No Yes, it amends the report filed on INT (INT (INT (INT (INT (INT (INT (INT	October 15 Quarterly Benort		
b) Is this Report an amendment? INO Yes, it amends the report filed on Yes, it amends the report of the filed on Yes, it amends the report of the filed on Yes, it amends the report of the rep			
b) Is this Report an amendment?       No       Yes, it amends the report filed on         5. COVERING PERIOD:       FROM       10       16       2022         THROUGH       10       16       2022       0.00         6. TOTAL CONTRIBUTIONS       10       16       2022       0.00         7. TOTAL INDEPENDENT EXPENDITURES       11935.31       0.00       11935.31         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.       Date         TYPE OR PRINT NAME OF PERSON COMPLETING FORM       SIGNATURE       Date         Walsh, Brendan, , ,       10/18/2022	January 31 Year-End Report		
7. TOTAL INDEPENDENT EXPENDITURES       11935.31         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         Walsh, Brendan, , ,       10/18/2022	b) Is this Report an amendment? X No Yes, it amends the report filed on 5. COVERING PERIOD: FROM 10 / 16 / 2022		
7. TOTAL INDEPENDENT EXPENDITURES       11935.31         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         Walsh, Brendan, , ,       10/18/2022	6 TOTAL CONTRIBUTIONS	0.00	
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         Walsh, Brendan, , ,       Walsh, Brendan, , ,       10/18/2022		7 7 7	
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         Walsh, Brendan, , ,       Walsh, Brendan, , ,       10/18/2022	7. TOTAL INDEPENDENT EXPENDITURES	11935.31	
Walsh, Brendan, , ,       Walsh, Brendan, , ,         10/18/2022			
10/18/2022	[Ele		
	Walsh, Brendan, , , Walsh, Brendan, , ,	10/18/2022	
	NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to		

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

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F5N Transaction ID :

Estimate

Form/Schedule: Transaction ID:

## Image# 202210189537565585

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

CHEDULE 5-E	PAGE 3 OF 3 FOR LINE 7 OF FORM 5
IAME OF FILER (In Full) CASE Action Fund	I
Full Name (Last, First, Middle Initial) of Payee Worker Power PAC	Date of Public Distribution/Dissemination
Mailing Address	10 16 2022
Mailing Address 1021 S 7Th Ave Ste 202	Amount
City State Zip Code	11935.31
Phoenix AZ 85007-3760	Transaction ID : VVM8S9MPYF8
Purpose of Expenditure     Category/       Field Canvassing Expenses     Type	Office Sought:     House     State:     AZ       X     Senate     District:     00
Name of Federal Candidate Supported or Opposed by Expenditure: Kelly, Mark, , ,	Check One:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2022 Other (specify)
Full Name (Last, First, Middle Initial) of Payee       Date of Public Distribution/Dissemination	
	M = M / D = D / Y = Y = Y = Y
Mailing Address	
City State Zip Code	Amount
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: Check One: Support Oppose
	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	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: House State: Senate
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	11935.31
(b) SUBTOTAL of Unitemized Independent Expenditures	······ <b>&gt;</b>
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	► 11935.31