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## **Election Funding Disclosure Report (Dark Money)**

Phoenix City Code (PCC), Chapter 12, Article VII, Division 3

Any person, association of persons or entity, other than a registered candidate committee or political action committee, regardless of legal form, that makes an expenditure for the purpose of influencing the result of a local City of Phoenix election totaling \$1,000 or more within an election cycle must file this form with the City Clerk on the same date that the next Campaign Finance Report is due under state law. This form can be submitted by email, fax, or in person to the contact information listed at the bottom of this page. (If an expenditure totaling \$10,000 or more is made within 16 days prior to an election, that expenditure must be reported on a '48 Hour' form instead of this form.)

Both the 'Campaign Finance Reporting Schedule' (for a list of due dates) and the 'Election Cycle' (for current election cycle dates) can be found online at <a href="https://www.phoenix.gov/elections">www.phoenix.gov/elections</a>.

Person, Association of Persons, or Entity Reporting					
Name: National Association of REALTORS Fund		☑ New Report or ☐ Amendment			
Address: 430 N. Michigan Ave   Chicago	, IL 60611				
Expenditure Information					
Name (Vendor/Payee): ACCESS Marketing Services					
Address (Vendor/Payee): PO BOX 913026 Denver, CO 80291		Expenditure Amount: \$17,708.67			
Name of Candidate/Ballot Measure:	Office Sought (Candidate Only):	☑ Support or ☐ Oppose			
Kesha Hodge	Phoenix City Council				
Communication Medium:		Date of Expenditure:			
	Online Ads, Text Messages	2/21/2023			
Description of Purchase: Independent expenditures in support of Kesha Hodge for Phoenix City Council					
Original Source #1 Information   Additional original sources on additional pages attached					
Name: National Association of REALTO					
Address:					
430 N. Michigan Ave   Chicago, IL 60611					
Employer: N/A					
Amount: \$17,708.67		Date Received: 2/21/2023			
☐ Unknown – Noting that at least on	e (1) written request was sent to contribu	itor as required, to obtain the information.			
Intermediary Transfer Information Related to Original Source #1 (if any)  ☐ Additional intermediary sources on page 2					
Name:		1 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
Address:					
Employer:					
Amount:		Date of Transfer:			
A written transfer record was provided by intermediary as required to be able to make the expenditure. □ Yes □ No					
I CERTIFY, UNDER PENALTY OF PERJURY, THAT I HAVE EXAMINED THE CONTENTS OF THIS REPORT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE AND COMPLETE.					
Filer Name: Jon Waclawski	Signature: Jon Waclawski	2/28/2023 Date:			
Phoenix City Clark Do	nartment - Web: phoenix gov/elections - Email: ph	annivalactions@nhanniv.cov			

DocuSign Envelope ID: 343FB5A3-63E4-487D-B3E2-906DC93647A7 Intermediary Transfer Information Related to Original Source #1 (if any) Name: Address: Employer: Amount: Date of Transfer: A written transfer record was provided by intermediary as required to be able to make the expenditure.  $\Box$  Yes  $\Box$  No Intermediary Transfer Information Related to Original Source #1 (if any) Name: Address: Employer: Amount: Date of Transfer: A written transfer record was provided by intermediary as required to be able to make the expenditure. 

Yes 
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Yes 
No Intermediary Transfer Information Related to Original Source #1 (if any) Name:

Name:

Address:

Employer:

Amount:

Date of Transfer:

A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No

DocuSign Envelope ID: 343FB5A3-63E4-487D-B3E2-906DC93647A7 Original Source #2 Information (if any) Name: Address: Employer: Amount: Date Received: ☐ Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information. Intermediary Transfer Information Related to Original Source #2 (if any) Name: Address: Employer: Amount: Date of Transfer: A written transfer record was provided by intermediary as required to be able to make the expenditure. 

Yes 
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Yes 
No

Name:
Address:
Employer:
Amount:
Date of Transfer:

A written transfer record was provided by intermediary as required to be able to make the expenditure. 

□ Yes □ No

Intermediary Transfer Information Related to Original Source #2 (if any)

Original Source #3 Information (if any) Name: Address: Employer: Amount: Date Received: ☐ Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information. Intermediary Transfer Information Related to Original Source #3 (if any) Address: Employer: Amount: Date of Transfer: A written transfer record was provided by intermediary as required to be able to make the expenditure. 

\[
\sumset \text{Yes} \sumset \sumset \text{No} \] Intermediary Transfer Information Related to Original Source #3 (if any) Name: Address: Employer: Amount: Date of Transfer: A written transfer record was provided by intermediary as required to be able to make the expenditure. 

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□ Yes □ No

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If more than 3 sources, use this form for all additional related disclosures as needed. Please include the appropriate source #.

Original Source # Information (if ar	ny)
Name:	
Address:	
Employer:	
Amount:	Date Received:
☐ Unknown – Noting that at least one (1) written req	quest was sent to contributor as required, to obtain the information.
Intermediary Transfer Information Relate	d to Original Source # (if any)
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermedial	ry as required to be able to make the expenditure. ☐ Yes ☐ No
Intermediary Transfer Information Relate	d to Original Source # (if any)
Name:	u to original oouroon (ii uiiy)
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermedial	ry as required to be able to make the expenditure. ☐ Yes ☐ No
Intermediant Transfer Information Polate	d to Ovining! Source # (if any)
Intermediary Transfer Information Relate Name:	d to Original Source # (if any)
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermedial	ry as required to be able to make the expenditure. □ Yes □ No
Intermediary Transfer Information Relate	d to Original Source # (if any)
Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermedial	ry as required to be able to make the expenditure. □ Yes. □ No.



## **Election Funding Disclosure Report (Dark Money)**

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Person, Association of Perso	ns, or Entity Reporting		
Name: National Association of REALTO	PS Eund	☑ New Report or ☐ Amendment	
Address:	NO FUIIU		
430 N. Michigan Ave   Chicago	, IL 60611		
Expenditure Information			
Name (Vendor/Payee):  ACCESS Marke	eting Services		
Address (Vendor/Payee):		Expenditure Amount:	
PO BOX 913	026 Denver, CO 80291	\$39,784.19	
Name of Candidate/Ballot Measure:	Office Sought (Candidate Only):	☑ Support or ☐ Oppose	
Kevin Robinson	Phoenix City Council		
Communication Medium:	belies Ads. Tout Massacras	Date of Expenditure:	
Direct Mail, C Description of Purchase:	Online Ads, Text Messages	2/21/2023	
Independent	expenditures in support of Kevin Robinson fo	or Phoenix City Council	
Original Source #1 Information	on ☐ Additional original sou	rces on additional pages attached	
Name:			
National Association of REALTOF	RS		
Address: 430 N. Michigan Ave   Chicago	II 60611		
Employer:	, 12 000 , 1		
N/A			
Amount: \$39,784,19		Date Received: 2/21/2023	
	o (1) written request was sent to contrib	utor as required, to obtain the information.	
Unknown – Notting that at least one	e (1) whiten request was sent to contrib	utor as required, to obtain the information.	
	ation Related to Original Sourc	e #1 (if any)	
☐ Additional intermediary sources on	page 2		
Name:			
Address:			
Employer:			
Amount:		Date of Transfer:	
A written transfer record was provided by intermediary as required to be able to make the expenditure.   Yes  No			
I CERTIFY, UNDER PENALTY OF PERJURY, THAT I HAVE EXAMINED THE CONTENTS OF THIS REPORT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE AND COMPLETE.			
Filer Name: Jon Wacławski	Signature: Me Walawiki	2/28/2023	

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Yes 
No Intermediary Transfer Information Related to Original Source #2 (if any) Name: Address:

Amount:

A written transfer record was provided by intermediary as required to be able to make the expenditure. Yes No

Intermediary Transfer Information Related to Original Source #2 (if any)

Name:

Address:

Employer:

Amount:

Date of Transfer:

A written transfer record was provided by intermediary as required to be able to make the expenditure. Yes No

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□ Yes □ No

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Original Source # Information (if any)				
Name:				
Address:				
Employer:				
Amount:	Date Received:			
☐ Unknown – Noting that at least one (1) written request was	sent to contributor as required, to obtain the information.			
Intermediary Transfer Information Related to Ori	iginal Source # (if any)			
Name:				
Address:				
Employer:				
Amount:	Date of Transfer:			
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Intermediany Transfer Information Polated to Ori	iginal Source # (if any)			
Intermediary Transfer Information Related to Ori Name:	iginal Source # (if any)			
Address:				
Employer:				
Amount:	Date of Transfer:			
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Intermediary Transfer Information Related to Ori	iginal Source # (if any)			
Name:				
Address:				
Employer:				
Amount:	Date of Transfer:			
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