CITY CLERK DEPT ELECTIONS DIVISION

22 OCT 17 AM 11:56



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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 www phoenix gov/elections

Person, Association of Perso	ns, or Entity Reporting			
Name: AFSCME Working Families Fund		☑ New Report or ☐ Amendment		
Address: 1625 L Street, NW, Washington	, DC 20036			
Expenditure Information				
Name (Vendor/Payee): American Feder	ration of State, County and Municipal Empl			
Address (Vendor/Payee): _{1625 L} Street, NW, Washington, DC 20036		Expenditure Amount: \$6,150.08		
Name of Candidate/Ballot Measure: Nielson, Pastor, Garcia	Office Sought (Candidate Only): Phoenix City Council District 2, 4, 8	☑ Support or □ Oppose		
Communication Medium: Canvassers		Date of Expenditure: 08/14/2022		
Description of Purchase: Canvassers				
Original Source #1 Information	n	urces on additional pages attached		
Name: American Federation of State, County and Municipal Employees				
Address: 1625 L Street, NW, Washington, DC 20036				
Employer: _{N/A}				
Amount: \$6,150.08		Date Received: Various		
☐ 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 #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: Elissa McBride Signature:				

Name: Address: Employer: Amount: A written transfer record was provided by intermediary as required to be able to make the expenditure.	Intermediary Transfer Information Related to Original Source #1 (if any)		
Employer: Amount: Date of Transfer: A written transfer record was provided by intermediary as required to be able to make the expenditure.	Name:		
Amount: A written transfer record was provided by intermediary as required to be able to make the expenditure. Yes No	Address:		
A written transfer record was provided by intermediary as required to be able to make the expenditure.	Employer:		
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.	Amount:	Date of Transfer:	
Name: Address: Employer: Amount: Date of Transfer: A written transfer record was provided by intermediary as required to be able to make the expenditure.	A written transfer record was provided by intermediary as required to be able to	o make the expenditure. □ 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.	Intermedian, Transfer Information Polated to Original Source	#1 (if any)	
Address: Employer: Amount: Date of Transfer:		e # i (ii aliy)	
Employer: Amount: Date of Transfer: A written transfer record was provided by intermediary as required to be able to make the expenditure.			
Amount: A written transfer record was provided by intermediary as required to be able to make the expenditure.	Address:		
A written transfer record was provided by intermediary as required to be able to make the expenditure.	Employer:		
Intermediary Transfer Information Related to Original Source #1 (if any) Name: Address: Employer: Amount: Date of Transfer:	Amount:	Date of Transfer:	
Name: Address: Employer: Amount: Date of Transfer:	A written transfer record was provided by intermediary as required to be able to	o make the expenditure. □ Yes □ No	
Name: Address: Employer: Amount: Date of Transfer:	Intermedian, Transfer Information Polated to Original Source	#4 (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. Yes 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 No Intermediary Transfer Information Related to Original Source #1 (if any) Name: Address: Employer: Address: Employer: Amount: Date of Transfer:		e#1 (II any)	
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 #1 (if any) Name: Address: Employer: 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 #1 (if any) Name: Address: Employer: Address: Employer: Amount: Date of Transfer:			
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 #1 (if any) Name: Address: Employer: A mount: 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 #1 (if any) Name: Address: Employer: Address: Employer: Amount: Date of Transfer:	Address:		
A written transfer record was provided by intermediary as required to be able to make the expenditure. Yes No	Employer:		
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 No Intermediary Transfer Information Related to Original Source #1 (if any) Name: Address: Employer: Amount: Date of Transfer:	Amount:	Date of Transfer:	
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 #1 (if any) Name: Address: Employer: Amount: Date of Transfer:	A written transfer record was provided by intermediary as required to be able to	o make the expenditure. ☐ 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 #1 (if any) Name: Address: Employer: Amount: Date of Transfer:	Intermediary Transfer Information Related to Original Source	• #1 (if any)	
Employer: Amount: Date of Transfer: A written transfer record was provided by intermediary as required to be able to make the expenditure. Intermediary Transfer Information Related to Original Source #1 (if any) Name: Address: Employer: Amount: Date of Transfer:		, , , (d., y)	
Amount: A written transfer record was provided by intermediary as required to be able to make the expenditure. Intermediary Transfer Information Related to Original Source #1 (if any) Name: Address: Employer: Amount: Date of Transfer:	Address:		
Amount: A written transfer record was provided by intermediary as required to be able to make the expenditure. Intermediary Transfer Information Related to Original Source #1 (if any) Name: Address: Employer: Amount: Date of Transfer:	Employer:		
A written transfer record was provided by intermediary as required to be able to make the expenditure. Intermediary Transfer Information Related to Original Source #1 (if any) Name: Address: Employer: Amount: Date of Transfer:		I Data of Transfer	
Intermediary Transfer Information Related to Original Source #1 (if any) Name: Address: Employer: Amount: Date of Transfer:	Amount:	Date of Transfer:	
Name: Address: Employer: Amount: Date of Transfer:	A written transfer record was provided by intermediary as required to be able to	o make the expenditure. Yes No	
Name: Address: Employer: Amount: Date of Transfer:	Intermediary Transfer Information Related to Original Source	e #1 (if anv)	
Employer: Amount: Date of Transfer:			
Amount: Date of Transfer:	Address:		
	Employer:	AN A	
	Amount:	Date of Transfer:	
		o make the expenditure	

Original Source #2 Information (if any)	
Name:	
Address:	
Employer:	
Amount:	Date Received:
☐ Unknown – Noting that at least one (1) written request w	vas sent to contributor as required, to obtain the information.
	40 (5)
Intermediary Transfer Information Related to C	Original Source #2 (if any)
Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as re	equired to be able to make the expenditure. ☐ Yes ☐ No
Intermediary Transfer Information Related to 0	Original Source #2 (if any)
Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as re	equired to be able to make the expenditure. ☐ Yes ☐ No
	201111111111111111111111111111111111111
Intermediary Transfer Information Related to 0	original Source #2 (if any)
Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as r	equired to be able to make the expenditure. ☐ Yes ☐ No
Intermediary Transfer Information Related to	Original Source #2 (if any)
	onginal oodi oo #2 (ii diiy)
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

Original Source #3 Information (if any)	
Name:	
Address:	4.00.
Employer:	
Amount:	Date Received:
☐ Unknown – Noting that at least one (1) written request was sent to contribu	tor as required, to obtain the information.
Intermediary Transfer Information Related to Original Source	e#3 (if any)
Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able t	o make the expenditure. ☐ Yes ☐ No
Internal diam. Transfer Information Deleted to Original Source	#2 (if any)
Intermediary Transfer Information Related to Original Source	: #3 (II aliy)
Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able t	o make the expenditure. ☐ Yes ☐ No
Intermediary Transfer Information Related to Original Source	a #3 (if any)
Name:	, HO (II WIIY)
Address:	
Employer:	
	Data of Transfer
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to	to make the expenditure. Yes 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	fo make the expenditure □ Yes □ No
A writter transfer fective was provided by interinediary as required to be able t	o mano mo osponanaro. Li 100 Li 110

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

Original Source # Information (if any)	
Name:	
Address:	
Employer:	
Amount:	Date Received:
☐ Unknown – Noting that at least one (1) written request was sent to contribute	tor as required, to obtain the information.
	u
Intermediary Transfer Information Related to Original Source	# (if any)
Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to	o make the expenditure. Yes No
Intermediary Transfer Information Related to Original Source	# (if any)
Name:	
Address:	
Employer:	All T
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to	o make the expenditure. ☐ Yes ☐ No
The state of the s	# (:f am.)
Intermediary Transfer Information Related to Original Source Name:	: # (if any)
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able t	o make the expenditure. Yes No
Intermediary Transfer Information Related to Original Source	# (if anv)
Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
A written transfer record was provided by intermediary as required to be able to	o make the expenditure. 🗀 Yes 🗀 No 🗀