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**City of Phoenix**  
CITY CLERK DEPARTMENT

## 48 HOUR 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 \$10,000 or more within 16 days prior to an election** must file this form with the City Clerk within 48 hours of making the expenditure (excluding Saturdays/Sundays/legal holidays). 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 does not meet this criteria but is still required to be reported pursuant to PCC Ch. 12, Article VII, Division 3, it must be reported on a regular 'Election Funding Disclosure' form instead). 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](http://www.phoenix.gov/elections).

### Person, Association of Persons, or Entity Reporting

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

### Expenditure Information

Name (Vendor/Payee): UNITE HERE Local 11	
Address (Vendor/Payee): 777 S Figueroa St, Ste 4050, Los Angeles, CA 90017	Expenditure Amount: 4402.81
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/13/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

### Original Source #1 Information

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: Brendan Walsh

Signature:

Date: 3/15/23

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Isabel Rose	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 81.86
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/13/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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)**

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Address:	
Employer:	
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Filer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Mike Martinez	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 300.14
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/13/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

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Employer: N/A	
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Filer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Marilyn Wilbur	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 267.23
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/13/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.	

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Employer:	
Amount:	Date of Transfer:
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Filer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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

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Employer:	
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Employer:	
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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee):Maggie Acosta	
Address (Vendor/Payee):1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount:385.2
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose	
Communication Medium:Canvassing	Date of Expenditure:3/13/2023
Description of Purchase:Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Filer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Address:	
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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Arnette Nehemiah	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 225.5
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
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**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Carrillo Andres	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 330
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose	
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
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Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
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Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR 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 \$10,000 or more within 16 days prior to an election** must file this form with the City Clerk within 48 hours of making the expenditure (excluding Saturdays/Sundays/legal holidays). 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 does not meet this criteria but is still required to be reported pursuant to PCC Ch. 12, Article VII, Division 3, it must be reported on a regular 'Election Funding Disclosure' form instead). 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](http://www.phoenix.gov/elections).

**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Castaneda Charlie	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 192.5
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose	
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	





**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR Election Funding Disclosure Report (Dark Money)**

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Cooper Kuantayria	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 331.25
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose	
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Dickson Joseph	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 248.53
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	



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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee):Dunlap Aleasha	
Address (Vendor/Payee):1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount:247.07
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
Communication Medium:Canvassing	<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Date of Expenditure:3/18/2023	
Description of Purchase:Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	



# City of Phoenix

CITY CLERK DEPARTMENT

## 48 HOUR Election Funding Disclosure Report (Dark Money)

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### Person, Association of Persons, or Entity Reporting

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

### Expenditure Information

Name (Vendor/Payee): Evans Teresa	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 30
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

### Original Source #1 Information

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	





**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR Election Funding Disclosure Report (Dark Money)**

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Everett Mandy	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 280
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Gallegos Patricia	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 192.5
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR 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 \$10,000 or more within 16 days prior to an election** must file this form with the City Clerk within 48 hours of making the expenditure (excluding Saturdays/Sundays/legal holidays). 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 does not meet this criteria but is still required to be reported pursuant to PCC Ch. 12, Article VII, Division 3, it must be reported on a regular 'Election Funding Disclosure' form instead). 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](http://www.phoenix.gov/elections).

**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Gilbreath Patsy	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 192.5
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR Election Funding Disclosure Report (Dark Money)**

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

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Gonzalez Victor	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 244.5
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose	
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	





**City of Phoenix**  
CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Gray Ken	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 218.75
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
Communication Medium: Canvassing	<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Date of Expenditure: 3/18/2023	
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Filer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Hernandez Ana	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 333.75
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
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CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Herrera Luis	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 216.7
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
Communication Medium: Canvassing	<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Date of Expenditure: 3/18/2023	
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee):Huynh Ryan	
Address (Vendor/Payee):1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount:83.01
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
Communication Medium:Canvassing	<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Date of Expenditure:3/18/2023	
Description of Purchase:Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Filer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Jarquin Edith	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 334.58
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Filer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR 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 \$10,000 or more within 16 days prior to an election** must file this form with the City Clerk within 48 hours of making the expenditure (excluding Saturdays/Sundays/legal holidays). 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 does not meet this criteria but is still required to be reported pursuant to PCC Ch. 12, Article VII, Division 3, it must be reported on a regular 'Election Funding Disclosure' form instead). 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](http://www.phoenix.gov/elections).

**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Lechuga Rosario	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 245.6
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR Election Funding Disclosure Report (Dark Money)**

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

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Lopez Deborah	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 247.43
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

## 48 HOUR Election Funding Disclosure Report (Dark Money)

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

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### Person, Association of Persons, or Entity Reporting

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

### Expenditure Information

Name (Vendor/Payee): Martinez Vicente	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 223.3
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

### Original Source #1 Information

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	





**City of Phoenix**  
CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): McConaughy Bridget	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 203.5
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose	
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Melendez Cristina	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 333.75
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR Election Funding Disclosure Report (Dark Money)**

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Merriman Jacqueline	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 251.47
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose	
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Ortiz Lorena	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 217.8
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	





**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR 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 \$10,000 or more within 16 days prior to an election** must file this form with the City Clerk within 48 hours of making the expenditure (excluding Saturdays/Sundays/legal holidays). 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 does not meet this criteria but is still required to be reported pursuant to PCC Ch. 12, Article VII, Division 3, it must be reported on a regular 'Election Funding Disclosure' form instead). 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](http://www.phoenix.gov/elections).

**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Pacheco Morales Irma	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 243.77
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR Election Funding Disclosure Report (Dark Money)**

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

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee):Palmer Eldrin	
Address (Vendor/Payee):1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount:222.93
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium:Canvassing	Date of Expenditure:3/18/2023
Description of Purchase:Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR Election Funding Disclosure Report (Dark Money)**

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Quinonez Eli	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 309.17
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Recinos Indris	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 334.17
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
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**City of Phoenix**  
CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Reed Michael	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 326.67
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR Election Funding Disclosure Report (Dark Money)**

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Renner Mike	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 218.75
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Reyes Cynthia	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 220
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose	
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR 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 \$10,000 or more within 16 days prior to an election** must file this form with the City Clerk within 48 hours of making the expenditure (excluding Saturdays/Sundays/legal holidays). 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 does not meet this criteria but is still required to be reported pursuant to PCC Ch. 12, Article VII, Division 3, it must be reported on a regular 'Election Funding Disclosure' form instead). 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](http://www.phoenix.gov/elections).

**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Rouse Timothy	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 218.53
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose	
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	





**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR Election Funding Disclosure Report (Dark Money)**

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee):Shea Parker	
Address (Vendor/Payee):1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount:359.17
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose	
Communication Medium:Canvassing	Date of Expenditure:3/18/2023
Description of Purchase:Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR Election Funding Disclosure Report (Dark Money)**

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Shelton Quananis	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 256.23
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Smith Brea	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 331.67
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
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**City of Phoenix**  
CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee):Swanegan Anthony	
Address (Vendor/Payee):1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount:249.27
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium:Canvassing	Date of Expenditure:3/18/2023
Description of Purchase:Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	





**City of Phoenix**  
CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Torres Jose	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 330.42
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose	
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee):Valencia Ramirez Herminia	
Address (Vendor/Payee):1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount:330
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium:Canvassing	Date of Expenditure:3/18/2023
Description of Purchase:Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR 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 \$10,000 or more within 16 days prior to an election** must file this form with the City Clerk within 48 hours of making the expenditure (excluding Saturdays/Sundays/legal holidays). 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 does not meet this criteria but is still required to be reported pursuant to PCC Ch. 12, Article VII, Division 3, it must be reported on a regular 'Election Funding Disclosure' form instead). 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](http://www.phoenix.gov/elections).

**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Vantobruk Sigrid	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 30
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Wallace Annjanet	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 250
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	





**City of Phoenix**  
CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Washington Garry	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 249.63
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/18/2023
Description of Purchase: Field Canvassing Expenses (Estimates)	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Scale to Win	
Address (Vendor/Payee): 13742 Harper St Santa Ana CA 92703	Expenditure Amount: 52.14
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Texting Program	Date of Expenditure: 3/14/2023
Description of Purchase: Texting Program Expenses	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): UNITE HERE Local 11	
Address (Vendor/Payee): 777 S Figueroa St, Ste 4050, Los Angeles, CA 90017	Expenditure Amount: 281.15
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Calling Program	Date of Expenditure: 3/13/2023
Description of Purchase: Calling Program Expenses	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Filer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
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**City of Phoenix**  
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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Miguel Aragon	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 30.62
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/14/2023
Description of Purchase: Field Canvassing Expenses	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. <input type="checkbox"/> Yes <input type="checkbox"/> No	





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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Andres Carillo	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 41
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/13/2023
Description of Purchase: Field Canvassing Expenses	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR Election Funding Disclosure Report (Dark Money)**

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

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Ana Diaz	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 41.04
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
Communication Medium: Canvassing	<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Date of Expenditure: 3/8/2023	
Description of Purchase: Field Canvassing Expenses	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR Election Funding Disclosure Report (Dark Money)**

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

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Ana Diaz	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 36.01
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose	
Communication Medium: Canvassing	Date of Expenditure: 3/11/2023
Description of Purchase: Field Canvassing Expenses	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR Election Funding Disclosure Report (Dark Money)**

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Ana Diaz	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 41.01
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/14/2023
Description of Purchase: Field Canvassing Expenses	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	





**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR Election Funding Disclosure Report (Dark Money)**

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Mark Alcalá	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 23
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/12/2023
Description of Purchase: Field Canvassing Expenses	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR Election Funding Disclosure Report (Dark Money)**

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Mark Alcalá	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 10.01
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose	
Communication Medium: Canvassing	Date of Expenditure: 3/14/2023
Description of Purchase: Field Canvassing Expenses	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR Election Funding Disclosure Report (Dark Money)**

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Mark Alcalá	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 66.55
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/15/2023
Description of Purchase: Field Canvassing Expenses	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



**City of Phoenix**  
CITY CLERK DEPARTMENT

**48 HOUR 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 \$10,000 or more within 16 days prior to an election** must file this form with the City Clerk within 48 hours of making the expenditure (excluding Saturdays/Sundays/legal holidays). 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 does not meet this criteria but is still required to be reported pursuant to PCC Ch. 12, Article VII, Division 3, it must be reported on a regular 'Election Funding Disclosure' form instead). 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](http://www.phoenix.gov/elections).

**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Brea Smith	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 26.98
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/12/2023
Description of Purchase: Field Canvassing Expenses	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	





**City of Phoenix**  
CITY CLERK DEPARTMENT

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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Brea Smith	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 40.02
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council
<input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose	
Communication Medium: Canvassing	Date of Expenditure: 3/14/2023
Description of Purchase: Field Canvassing Expenses	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Jose Torres	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 17.83
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/15/2023
Description of Purchase: Field Canvassing Expenses	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	



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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Jose Torres	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 111.33
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/12/2023
Description of Purchase: Field Canvassing Expenses	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

**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. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Employer:	
Amount:	Date of Transfer:
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**Person, Association of Persons, or Entity Reporting**

Name: Worker Power	<input checked="" type="checkbox"/> New Report OR <input type="checkbox"/> Amendment
Address: 1021 S 7th St Ave., Phoenix, AZ 85007	

**Expenditure Information**

Name (Vendor/Payee): Michael Reed	
Address (Vendor/Payee): 1021 S 7th St Ave., Phoenix, AZ 85007	Expenditure Amount: 246.93
Name of Candidate/Ballot Measure: Carlos Garcia	Office Sought (Candidate Only): City Council <input checked="" type="checkbox"/> Support or <input type="checkbox"/> Oppose
Communication Medium: Canvassing	Date of Expenditure: 3/11/2023
Description of Purchase: Field Canvassing Expenses	

**Original Source #1 Information**

Additional original sources on additional pages attached

Name: AFSCME	
Address: 1625 L Street NW Washington, DC 20036	
Employer: N/A	
Amount: \$25000.00	Date Received: 02/13/2023
<input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Source #2 Information** (if any)

Name: UFCW Western States Council	
Address: 8530 Stanton Ave Suite 2A, Buena Park, CA 90620	
Employer: N/A	
Amount: \$50000.00	Date Received: 02/13/2023
<input type="checkbox"/> <i>Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.</i>	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
<i>A written transfer record was provided by intermediary as required to be able to make the expenditure.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	