

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

| | | | |
|--|--|--|--|
| 1. (a) Name of Individual, Organization or Corporation Colorado People's Action | | | 3. FEC Identification Number C C90016585 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 700 Kalamath St. | | | |
| (c) City, State and ZIP Code Denver CO 80204 | | | |
| 2. Occupation and Name of Employer (for Individual Filers Only) | | | |

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

| | | | | | | | | | | | |
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| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
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5. COVERING PERIOD:

FROM

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|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
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THROUGH

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| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
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| 6. TOTAL CONTRIBUTIONS..... | 0.00 |
| 7. TOTAL INDEPENDENT EXPENDITURES | 50.49 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Chacon, Lizeth, , ,

Chacon, Lizeth, , ,

10/29/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Colorado People's Action

| | | | |
|---|-------------------|--|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee Worku, Robel, , , | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016 | |
| Mailing Address 3327 S Argonne Ct. | | Amount 13.71 | |
| City Aurora | State CO | Zip Code 80013 | Transaction ID : F57.4307 |
| Purpose of Expenditure Paryroll & Benefits - No on Trump | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 3405.31 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|---|-------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Worku, Robel, , , | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016 | |
| Mailing Address 3327 S Argonne Ct. | | Amount 13.70 | |
| City Aurora | State CO | Zip Code 80013 | Transaction ID : F57.4308 |
| Purpose of Expenditure Paryroll & Benefits - No on Coffman | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: CO District: 06 |
| Name of Federal Candidate Supported or Opposed by Expenditure: COFFMAN, MIKE REP., , , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 1524.08 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|---|-------------------|--|---------------------------|
| Full Name (Last, First, Middle Initial) of Payee Youdelman, Sondra, , , | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016 | |
| Mailing Address 32 Clifton Place Apt. 3 | | Amount 11.54 | |
| City Brooklyn | State NY | Zip Code 11238 | Transaction ID : F57.4305 |
| Purpose of Expenditure Paryroll & Benefits - No on Coffman | Category/ Type | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: CO District: 06 |
| Name of Federal Candidate Supported or Opposed by Expenditure: COFFMAN, MIKE REP., , , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 1535.62 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

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|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | 38.95 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | |

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Colorado People's Action

| | | | |
|---|-------------------|--|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee Youdelman, Sondra, , , | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016 | |
| Mailing Address 32 Clifton Place Apt. 3 | | Amount 11.54 | |
| City Brooklyn | State NY | Zip Code 11238 | Transaction ID : F57.4306 |
| Purpose of Expenditure Paryroll & Benefits - No on Trump | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President | State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , , | | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 3416.85 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|-------------------|---|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee | | Date of Public Distribution/Dissemination | |
| Mailing Address | | Amount | |
| City | State | Zip Code | |
| Purpose of Expenditure | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|--|-------------------|---|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee | | Date of Public Distribution/Dissemination | |
| Mailing Address | | Amount | |
| City | State | Zip Code | |
| Purpose of Expenditure | Category/ Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | |
|---|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 11.54 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | ▶ | 50.49 |