

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 / /

5. COVERING PERIOD: FROM / / THROUGH / /

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 89.43

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
Chacon, Lizeth, , ,	<i>Chacon, Lizeth, , ,</i>	10/28/2016

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 10 / 27 / 2016	
Mailing Address 3327 S Argonne Ct.		Amount 27.41	
City Aurora	State CO	Zip Code 80013	Transaction ID : F57.4298
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 3374.29		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 10 / 27 / 2016	
Mailing Address 3327 S Argonne Ct.		Amount 27.40	
City Aurora	State CO	Zip Code 80013	Transaction ID : F57.4299
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 1493.07		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 10 / 27 / 2016	
Mailing Address 32 Clifton Place Apt. 3		Amount 17.31	
City Brooklyn	State NY	Zip Code 11238	Transaction ID : F57.4296
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 1510.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.12
(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 / 27 / 2016	
Mailing Address 32 Clifton Place Apt. 3		Amount 17.31	
City Brooklyn	State NY	Zip Code 11238	
Purpose of Expenditure Paryroll & Benefits - No on Trump		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
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 3391.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : F57.4297

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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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.....	▶	17.31
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	89.43