

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

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

FROM

M M M	/	D D D	/	Y Y Y Y Y Y
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THROUGH

M M M	/	D D D	/	Y Y Y Y Y Y
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6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	312.89

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, , ,

11/01/2016

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 People's Action		Date of Public Distribution/Dissemination 10 / 31 / 2016	
Mailing Address 810 N Milwaukee Ave.		Amount 260.00	
City Chicago	State IL	Zip Code 60642	
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 3717.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4333

Full Name (Last, First, Middle Initial) of Payee Worku, Robel, , ,		Date of Public Distribution/Dissemination 10 / 31 / 2016	
Mailing Address 3327 S Argonne Ct.		Amount 9.14	
City Aurora	State CO	Zip Code 80013	
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 3744.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4331

Full Name (Last, First, Middle Initial) of Payee Worku, Robel, , ,		Date of Public Distribution/Dissemination 10 / 31 / 2016	
Mailing Address 3327 S Argonne Ct.		Amount 9.13	
City Aurora	State CO	Zip Code 80013	
Purpose of Expenditure Paryroll & Benefits - No on Coffman		Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
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 1603.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4332

(a) SUBTOTAL of Itemized Independent Expenditures.....	278.27
(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 / 31 / 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	Transaction ID : F57.4329
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		3735.28	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2016

Full Name (Last, First, Middle Initial) of Payee Youdelman, Sondra, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 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 Coffman		Category/ Type	Transaction ID : F57.4330
Name of Federal Candidate Supported or Opposed by Expenditure: COFFMAN, MIKE REP., , ,		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CO District: 06
Calendar Year-To-Date Per Election for Office Sought		1594.03	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2016

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
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
Name of Federal Candidate Supported or Opposed by Expenditure:		State: _____ District: _____	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	34.62
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	312.89