FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(b) Address (number and street) check if different than previously reported 700 Kalamath St. 3. FEC Identification Number (c) City, State and ZIP Code Borver Denver CO 2. Occupation and Name of Employer (for Individual Filers Only) C C90016585 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report (a) April 15 Quarterly Report 24-Hour Report July 15 Quarterly Report 48-Hour Report October 15 Quarterly Report 48-Hour Report January 31 Year-End Report 5. COVERING PERIOD: FROM Y THROUGH Y Y Y THROUGH Y	1. (a) Name of Individual, Organization or Corporation Colorado People's Action		
Derver CO 80204 2. Occupation and Name of Employer (for Individual Filers Only) C C90016585 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report C July 15 Quarterly Report Z 24-Hour Report Cocober 15 Quarterly Report January 31 Year-End Report January 31 Year-End Report Cocober 15 Quarterly Report b) Is this Report an amendment? No Yes, it amends the report filed on S. COVERING PERIOD: FROM Yes, it amends the report filed on		ported	_
 (a) April 15 Quarterly Report July 15 Quarterly Report Qctober 15 Quarterly Report Qctober 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? No Yes, it amends the report filed on '''''''''''''''''''''''''''''''''''	Denver CO	80204	
	 (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment? ★ No Yes, it arr 5. COVERING PERIOD: 	our Report nends the report filed on	M / D D / Y Y Y Y
6. TOTAL CONTRIBUTIONS			
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]	of, any candidate or authorized committee or agent of either, or any political party committe	e or its agent. SIGNATURE	DATE
Chacon, Lizeth, , , NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.		Chacon, Lizeth, , ,	10/26/2016

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E IT

NAME OF FILER	(In	Full)
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CHEDULE 5-E TEMIZED INDEPENDENT EXPENDIT	TURES				PAGE 2 FOR LINE 7	OF 2 7 OF FORM 5
IAME OF FILER (In Full)						
Colorado People's Action						
Full Name (Last, First, Middle Initial) of Par	уее			Date of Pub	olic Distribution/	Dissemination
People's Action				M M		2016
Mailing Address 810 N Milwaukee Ave.				10	25	2016
				Amount		
City	State	Zip Code				390.00
Chicago	IL	60642		Transactio	on ID : F57.428	1
Purpose of Expenditure Paryroll & Benefits - No on Trump		Category/ Type	Office	Sought:	House Senate	State:
Name of Federal Candidate Supported or	Opposed by Expend	liture:	-		× President	District:
TRUMP, DONALD J., , ,			Check	One:	Support	× Oppose
Calendar Year-To-Date Per Election			Disbur	sement For	: Primary	🗴 General
for Office Sought		3181.72		2016 Other (s	specify)	
Full Name (Last, First, Middle Initial) of Pa	yee			Date of Put	olic Distribution	/Dissemination
Worku, Robel, , ,				M		Y Y Y Y Y Y
Mailing Address 3327 S Argonne Ct.				10	25	2016
				Amount		
City	State	Zip Code				73.08
Aurora	СО	80013		Transactio	on ID : F57.428)
Purpose of Expenditure Paryroll & Benefits - No on Trump		Category/ Type	Office	Sought:	House Senate	State:
Name of Federal Candidate Supported or	Opposed by Expand		_		× President	District:
TRUMP, DONALD J., , ,	Opposed by Experio	inure.	Check	one:	Support	× Oppose
Calendar Year-To-Date Per Election			Disbur	sement For	r: Primary	K General
for Office Sought		3300.96	[2016 Other (s	specify)	
Full Name (Last, First, Middle Initial) of Pa	уее			Date of Put	olic Distribution	Dissemination
Youdelman, Sondra, , ,				M		
Mailing Address 32 Clifton Place Apt. 3				10	25	2016
				Amount		
City	State	Zip Code				46.16
Brooklyn	NY	11238		Transactio	on ID : F57.427	9
Purpose of Expenditure Paryroll & Benefits - No on Trump		Category/ Type	Office	Sought:	House Senate	State:
Name of Federal Candidate Supported or	Opposed by Expend	liture:	-		× President	District:
TRUMP, DONALD J., , ,			Check	One:	Support	X Oppose
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	3227.88	Disbur	sement For 2016		x General
				Other (s	specity)	
(a) SUBTOTAL of Itemized Independent Ex	penditures		····· >			509.24
(b) SUBTOTAL of Unitemized Independent	Expenditures		▶			
(c) TOTAL Independent Expenditures			. Г			509.24
(carry total from last page forward						