11/07/2016 09 : 21

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corporation Colorado People's Action		
(b) Address (number and street) check if different than previous 700 Kalamath St.	y reported	
(c) City, State and ZIP Code Denver CO 80204		3. FEC Identification Number C C90016585
Occupation and Name of Employer (for Individual Filers Only)		0 030010303
 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 		
July 15 Quarterly Report	24-Hour Report	
October 15 Quarterly Report	18-Hour Report	
January 31 Year-End Report		
b) Is this Report an amendment? X No Yes,	it amends the report filed on	M / D D / Y Y Y Y Y
5. COVERING PERIOD: FROM THROUGH	Y Y Y Y Y Y Y Y Y Y	
6. TOTAL CONTRIBUTIONS		0.00
7. TOTAL INDEPENDENT EXPENDITURES		153.38
Under penalty of perjury I certify that the independent expenditures reported herein were of, any candidate or authorized committee or agent of either, or any political party committee or agent of either, or any political party committee or agent of either, or any political party committee or agent of either, or any political party committee or agent of either, or any political party committee or agent of either, or any political party committee or agent of either, or any political party committee or agent of either, or any political party committee or agent of either, or any political party committee or agent of either, or any political party committee or agent of either, or any political party committee or agent of either, or any political party committee or agent of either, or any political party committee or agent of either, or any political party committee or agent of either or agent or either or eithe		or concert with, or at the request or suggestion
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE [Ele	DATE ctronically Filed]
Chacon, Lizeth, , ,	Chacon, Lizeth, , ,	11/07/2016
NOTE: Submission of false, erroneous or incomplete information may s	ubject the person signing this report to	the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 3 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) Colorado People's Action						
Full Name (Last, First, Middle Initial) of Payer	Э		Dat	te of Public	: Distribution/	Dissemination
Chacon, Lizeth, , ,				м = м / 11	D D /	2016
Mailing Address 15450 E Center Ave. K202			Λm	ount	05	2010
City	State	Zip Code		ount		
City Aurora	CO	80017	Tr	ansaction	ID : F57.4399	15.63
Purpose of Expenditure Paryroll & Benefits - No on Trump		Category/ Type	Office Sc	ought:	House Senate	State:
Name of Federal Candidate Supported or Op TRUMP, DONALD J., , ,	posed by Expend	iture:	Check O	ne:	President Support	x Oppose
Calendar Year-To-Date Per Election for Office Sought	1 1 1	4444.47	Disburser	ment For: 2016 Other (spe	Primary	✗ General
Full Name (Last, First, Middle Initial) of Payer	Э		Dat	te of Public	: Distribution/	Dissemination
Chacon, Lizeth, , , Mailing Address 15450 F Center Ave. K202				M = M /	05	2016
15450 E Center Ave. K202			Am	ount		
City	State	Zip Code				15.62
Aurora	CO	80017	Tra	ansaction	ID : F57.4400	
Purpose of Expenditure		Category/	Office Sc		¬	State: CO
Paryroll & Benefits - No on Coffman		Type			Senate	District:06
Name of Federal Candidate Supported or Op COFFMAN, MIKE REP., , ,	posed by Expend	iture:	Check O	ne:	President Support	X Oppose
Calendar Year-To-Date Per Election for Office Sought		2284.89	Disburser	nent For: 2016 Other (spe	Primary ecify)	x General
Full Name (Last, First, Middle Initial) of Payee		Dat	Date of Public Distribution/Dissemination			
Worku, Robel, , ,				M M /	05 /	2016
Mailing Address 3327 S Argonne Ct.			Am	ount	لتنا	
City	State	Zip Code				
Aurora	СО	80013				9.13
Purpose of Expenditure		Catagory	Office So		ID : F57.4401 House	00
Paryroll & Benefits - No on Coffman		Category/ Type	Oilide do	agrit.	Senate	State: CO District: 06
Name of Federal Candidate Supported or Op COFFMAN, MIKE REP., , ,	posed by Expend	iture:	Check O	ne:	President Support	X Oppose
Calendar Year-To-Date Per Election for Office Sought		2269.27	Disburser	ment For: 2016 Other (spe	Primary ecify)	★ General
(a) SUBTOTAL of Itemized Independent Expe	nditures		···· \			40.38
(b) SUBTOTAL of Unitemized Independent Ex	penditures		▶			
(c) TOTAL Independent Expenditures(carry total from last page forward to			▶			

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) Colorado People's Action						
Full Name (Last, First, Middle Initial) of Payer	Э		Date of Publ	ic Distribution/l	Dissemination	
Worku, Robel, , ,			M - M 11	/ D D / 05	2016	
Mailing Address 3327 S Argonne Ct.			Amount	- 17		
City	State	Zip Code	7 tillodik			
Aurora	CO	80013	Transaction	n ID : F57.4402	9.14	
Purpose of Expenditure Paryroll & Benefits - No on Trump		Category/ Type	Office Sought:	House Senate	State:	
Name of Federal Candidate Supported or Op TRUMP, DONALD J., , ,	posed by Expend	iture:	Check One:	President Support	District:	
Calendar Year-To-Date Per Election for Office Sought	1 1 7 1	4428.84	Disbursement For: 2016 Other (sp		✗ General	
Full Name (Last, First, Middle Initial) of Payer	Э		Date of Publ	ic Distribution/l	Dissemination	
Youdelman, Sondra, , ,			M - M	/ D D / 05	2016	
Mailing Address 32 Clifton Place Apt. 3			Amount			
City	State	Zip Code			54.00	
Brooklyn	NY	11238	Transaction	ID : F57.4403	51.93	
Purpose of Expenditure		Category/	0.50	X House	State: CO	
Paryroll & Benefits - No on Coffman		Type		Senate	District: 06	
Name of Federal Candidate Supported or Op COFFMAN, MIKE REP., , ,	posed by Expend	liture:	Check One:	President Support	X Oppose	
Calendar Year-To-Date Per Election for Office Sought	1 1 1	2260.14	Disbursement For: 2016 Other (s		★ General	
Full Name (Last, First, Middle Initial) of Payee		Date of Publ	Date of Public Distribution/Dissemination			
Youdelman, Sondra, , ,			M ■ M 11	/ D D / 05	2016	
Mailing Address 32 Clifton Place Apt. 3			Amount	00	20.0	
City	State	Zip Code	, anount			
Brooklyn	NY	11238			51.93	
•	INI			1 ID : F57.4404		
Purpose of Expenditure Paryroll & Benefits - No on Trump		Category/ Type	Office Sought:	House Senate	State:	
Name of Federal Candidate Supported or Op	posed by Expend	liture:		X President		
TRUMP, DONALD J., , ,			Check One:	Support	x Oppose	
Calendar Year-To-Date Per Election for Office Sought	1 1 5	4419.70	Disbursement For: 2016 Other (s		✗ General	
(a) SUBTOTAL of Itemized Independent Expe	nditures			1 1 7	113.00	
(b) SUBTOTAL of Unitemized Independent Ex	penditures					
(c) TOTAL Independent Expenditures(carry total from last page forward to					153.38	