

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 People's Action		3. FEC Identification Number C C90016833
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 N Milwaukee Ave		
(c) City, State and ZIP Code Chicago IL 60642		
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.....

7. TOTAL INDEPENDENT EXPENDITURES

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]

Koob, Christopher, , ,

Koob, Christopher, , ,

10/15/2020

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-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
People's Action

A. Full Name (Last, First, Middle Initial) Joseph, Hugh, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2020		
Mailing Address 676 Hammond St			Transaction ID : 15635735		
City Chestnut Hill	State MA	Zip Code 02467-2306	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C					
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial) Levine, Lori, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2020		
Mailing Address 4422 Mammoth Ave			Transaction ID : 15635736		
City Sherman Oaks	State CA	Zip Code 91423-3608	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Not Employed			Occupation Not Employed		

C. Full Name (Last, First, Middle Initial) Miller, Matthew, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2020		
Mailing Address 26714th St SE Unit B			Transaction ID : 15635568		
City Washington	State DC	Zip Code 20003	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed			Occupation Academic		

D. Full Name (Last, First, Middle Initial) Negen, Steve, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2020		
Mailing Address 433 Slayton Ave			Transaction ID : 15635734		
City Grand Haven	State MI	Zip Code 49417-1864	Amount of Each Receipt this Period 800.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Mackite			Occupation Owner		

SUBTOTAL of Receipts This Page (optional)	3300.00
TOTAL This Period (last page carry total to Line 6)	3300.00

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ITEMIZED RECEIPTS**

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NAME OF FILER (In Full)
People's Action

A. Full Name (Last, First, Middle Initial) Quinn, Garrett, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2020		
Mailing Address 2608 Great Oaks Pkwy			Transaction ID : 15635739		
City	State	Zip Code	Amount of Each Receipt this Period		
Austin	TX	78756-2910	250.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer Self Employed			Occupation Architectural Designer		

B. Full Name (Last, First, Middle Initial) Reading, Melissa, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2020		
Mailing Address 1240 Asti Ct			Transaction ID : 15635740		
City	State	Zip Code	Amount of Each Receipt this Period		
Livermore	CA	94550-6033	250.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer Self Employed			Occupation Consultant		

C. Full Name (Last, First, Middle Initial) Vandermark, Peter, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2020		
Mailing Address 86 Ridges Ct			Transaction ID : 15635562		
City	State	Zip Code	Amount of Each Receipt this Period		
Portsmouth	NH	03801-5227	5000.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer Not Employed			Occupation Retired		

D. Full Name (Last, First, Middle Initial) White, Alan, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 20 / 2020		
Mailing Address 41 Linden St			Transaction ID : 15635737		
City	State	Zip Code	Amount of Each Receipt this Period		
Williamstown	MA	01267-2511	250.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer Williams College			Occupation Professor		

SUBTOTAL of Receipts This Page (optional)	5750.00
TOTAL This Period (last page carry total to Line 6)	250.00

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ITEMIZED RECEIPTS**

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NAME OF FILER (In Full)
People's Action

A. Full Name (Last, First, Middle Initial) Wolanin, Peter, , ,			Date of Receipt 09 / 20 / 2020		
Mailing Address 156 Spruce St			Transaction ID : 15635738		
City	State	Zip Code	Amount of Each Receipt this Period		
Princeton	NJ	08542-3819	250.00		
FEC ID number of contributing federal political committee.			C		
Name of Employer Acquia, Inc.			Occupation Software Engineer		

B. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M M M / D D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
			C		
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M M M / D D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
			C		
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M M M / D D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
			C		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page carry total to Line 6)	9300.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
People's Action

Full Name (Last, First, Middle Initial) of Payee The Movement Cooperative		Date of Public Distribution/Dissemination 08 / 25 / 2020	
Mailing Address 4 E 27Th Street Greeley Square Sta		Amount 2500.00	
City Chicago	State IL	Zip Code 60642	Transaction ID : 500075389
Purpose of Expenditure Canvassing Program	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: BIDEN, JOSEPH, JR, ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2500.00		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.....	2500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	2500.00