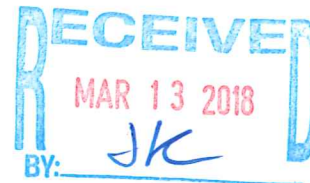


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 dial 3
Fax: (303) 869-4861
Email: cphelp@sos.state.co.us
www.sos.state.co.us



Space Below For Office Use Only



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Article XXVIII of the Colorado Constitution and Tital 1, Article 45 of the Colorado Revised Statute (C.R.S.)

Full Name of Committee/Person:	JOHN ANDRENS
As Shown On Registration	
Address of Committee/Person:	1251 NORTH DAVENPORT CT
City, State & Zip Code:	ERIE CO 80516
Committee Type:	NA
Name and Address of Financial Institution	USAA

COMMITTEE ID NUMBER

Type of Report



Regularly Scheduled Filing.



Amended Filing. This amends previous report filed on (date)

Submit changes or new information ONLY



Termination Report. (Termination Reports MUST Have a Monetary Balance of Zero in Line 5)



Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered:

1/22/18
Date

Through

3/22/18
Date

Declared Total Spending (if applicable)

[Art. XXVIII, Sec. 4(1)]

\$ 320⁰⁰

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$
2	Total Monetary Contributions (line 11)	\$
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$
4	Total Monetary Expenditures (line 19)	\$
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$

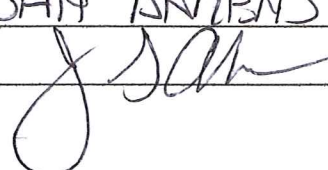
The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
[Art. XXVIII Sec. 10(2)(a)]

Authorization (Must be completed by either the Registered Agent OR the Candidate): I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent's Name: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: JOHN ANDRENS

Candidates Signature:  Date: 3/10/18

Schedule A – Itemized Contributions Statement (\$20 or more)

1

Full Name of Committee/Person:

JOHN ANCRENS

WARNING: Please read the instruction page for Schedule “A” before completing!

PLEASE PRINT/TYPE

<p>1. <u>Date Accepted</u> 2/26/18</p>	<p>4. Name (Last, First): Ahrens, John</p>
<p>2. <u>Contribution Amt.</u> \$ 320⁰⁰</p>	<p>5. Address: 1251 North Davenport Ct</p>
<p>3. <u>Aggregate Amt. *</u> \$</p>	<p>6. City/State/Zip: ERIE CO</p>
<p><input type="checkbox"/> Check box if Electioneering Communication</p>	<p>7. Description: SIGNS - A.G.E Graphics</p>
	<p>8. Employer (if applicable, <u>mandatory</u>):</p>
	<p>9. Occupation (if applicable, <u>mandatory</u>):</p>

<p>1. <u>Date Accepted</u></p>	<p>4. Name (Last, First):</p>
<p>2. <u>Contribution Amt.</u> \$</p>	<p>5. Address:</p>
<p>3. <u>Aggregate Amt. *</u> \$</p>	<p>6. City/State/Zip:</p>
<p><input type="checkbox"/> Check box if Electioneering Communication</p>	<p>7. Description:</p>
	<p>8. Employer (if applicable, <u>mandatory</u>):</p>
	<p>9. Occupation (if applicable, <u>mandatory</u>):</p>

<p>1. <u>Date Accepted</u></p>	<p>4. Name (Last, First):</p>
<p>2. <u>Contribution Amt.</u> \$</p>	<p>5. Address:</p>
<p>3. <u>Aggregate Amt. *</u> \$</p>	<p>6. City/State/Zip:</p>
<p><input type="checkbox"/> Check box if Electioneering Communication</p>	<p>7. Description:</p>
	<p>8. Employer (if applicable, <u>mandatory</u>):</p>
	<p>9. Occupation (if applicable, <u>mandatory</u>):</p>

<p>1. <u>Date Accepted</u></p>	<p>4. Name (Last, First):</p>
<p>2. <u>Contribution Amt.</u> \$</p>	<p>5. Address:</p>
<p>3. <u>Aggregate Amt. *</u> \$</p>	<p>6. City/State/Zip:</p>
<p><input type="checkbox"/> Check box if Electioneering Communication</p>	<p>7. Description:</p>
	<p>8. Employer (if applicable, <u>mandatory</u>):</p>
	<p>9. Occupation (if applicable, <u>mandatory</u>):</p>

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec. 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule B – Itemized Expenditures Statement (\$20 or more)

[1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 2/26/18	4. Name: John Ahrens
2. <u>Amount</u> \$ 320 ⁰⁰	5. Address: 1251 N Davenport Ct
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: Erie CO 80516
	7. Purpose of Expenditure: Signs <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

Schedule C - Loans

Candidate Committees only

Full Name of Committee/Person:

John Ahrens**LOANS - Loans Owed by the Committee**

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)

[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

LOAN SOURCE

Name (Last, First or Institution):

Ahrens, John

Address:

1251 North DAVENPORT Ct

City/State/Zip:

GRUE CO 80516

Original Amount of Loan: \$

320.⁰⁰

Interest Rate:

0

Loan Amount Received This Reporting Period: \$

320

Total of All Loans This Reporting

Period: \$ 320

(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$

0

Interest Amount Paid This Reporting Period: \$

0

Amount Repaid This Reporting Period: \$

0

(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ 0

(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$

320.⁰⁰

TERMS OF LOAN:

3/28/18
Date Loan Received

Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person:

John Ahrens

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

DETAILED SUMMARY

Full Name of Committee/Person: _____

Current Reporting Period: JAN 22 2018

Through MAR 13 2018

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 0
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "A")	\$200 320 ⁰⁰
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0
8	Loans Received (From Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (From Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 0
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "B")	\$ 0
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0
16	Loan Repayments Made (From Schedule "C")	\$ 0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0
18	Total Coordinated Non-Monetary (in-kind) Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$
20	Total Spending (Line 18 + line 19)	\$

Statement of Non-Monetary Contributions
[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: John Ahrens

PLEASE PRINT/TYPE

1. <u>Date Provided</u>	4. Name (Last, First): <u>NA</u>
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$	5. Address: _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."