

Colorado Secretary of State
Elections Division
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RECEIVED:

SEP 05 2025

Office of the City Clerk
City of Castle Pines

REPORT OF CONTRIBUTIONS AND EXPENDITURES
(1-45-108, C.R.S.)

Full Name of Committee/Person:	<i>Rogor For Castle Pines</i>
As Shown On Registration	
Address of Committee/Person:	<i>558 E. Castle Pines Parkway #A-170 Castle Pines, CO 81005</i>
City, State & Zip Code:	<i>Castle Pines, CO 80108</i>
Committee Type:	<i>Candidate</i>
Name and Address of Financial Institution	<i>South State Bank 506 Castle Pines Parkway Castle Pines, CO 81008</i>

SOS ID NUMBER (state and county committees):

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:

6/10/2025
Date

Through

9/5/2025
Date

Declared Total Spending (if applicable)
[Art. XXVIII, Sec. 4(1)]

\$ 17,116.65

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ <i>0</i>
2	Total Monetary Contributions (line 11)	\$ <i>23,970.-</i>
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ <i>23,970.-</i>
4	Total Monetary Expenditures (line 19)	\$ <i>17,116.65</i>
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ <i>6853.35</i>

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: *Regina Hudson*

Candidates Signature: _____ Date: *9/5/2025*

DETAILED SUMMARY

Full Name of Committee/Person: Robert Fox Castro Pineda

Current Reporting Period:

6/10/25

Through

9/5/25

Funds on hand at the beginning of reporting period (Monetary Only)		\$ <u>0</u>
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ <u>3,970.-</u>
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ <u>0</u>
8	Loans Received (Please list on Schedule "C")	\$ <u>20,000.-</u>
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ <u>0</u>
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ <u>0</u>
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ <u>23,970.-</u>
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ <u>0</u>
13	Total Contributions (Line 11 + line 12)	\$ <u>23,970.-</u>
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ <u>17,116.65</u>
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ <u>0</u>
16	Loan Repayments Made (Please list on Schedule "C")	\$ <u>0</u>
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ <u>0</u>
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ <u>0</u>
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ <u>17,116.65</u>
20	Total Spending (Line 18 + line 19)	\$ <u>17,116.65</u>

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

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

Full Name of Committee/Person: Rogon For Castle Pines

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

PLEASE PRINT/TYPE

1. Date Accepted <u>6/22/25</u>	4. Name (Last, First): <u>Rogon Hudson</u>
2. Contribution Amt. \$ <u>20.00</u>	5. Address: <u>7050 Campdore Place</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Castle Pines, Co 80108</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Winked</u>
	8. Employer (if applicable, mandatory): <u>Consultant</u>
	9. Occupation (if applicable, mandatory): <u>Consultant</u>

1. Date Accepted <u>7/3/25</u>	4. Name (Last, First): <u>Bob Benavidez</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>2770 Arapahoe Rd.</u>
3. Aggregate Amt. * \$ <u>104.10</u>	6. City/State/Zip: <u>Lafayette, Co 80026</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Winked</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. Date Accepted <u>7/3/25</u>	4. Name (Last, First): <u>Anthony Survant</u>
2. Contribution Amt. \$ <u>200.00</u>	5. Address: <u>7050 Campdore Place</u>
3. Aggregate Amt. * \$ <u>208.20</u>	6. City/State/Zip: <u>Castle Pines, Co 80108</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Winked</u>
	8. Employer (if applicable, mandatory): <u>Lawrence Expense Against LLC.</u>
	9. Occupation (if applicable, mandatory): <u>CEO</u>

1. Date Accepted <u>7/4/25</u>	4. Name (Last, First): <u>Dore Shookhane</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>5463 S Fundy</u>
3. Aggregate Amt. * \$ <u>104.10</u>	6. City/State/Zip: <u>Centennial, Co 80015</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Retired Winked</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

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

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

Full Name of Committee/Person: Rogers Fox Carter Pinks

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

PLEASE PRINT/TYPE

1. Date Accepted <u>7/8/25</u>	4. Name (Last, First): <u>Ed Williams</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>6424 Starcrest</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Las Vegas, NV 89109</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Wine Red</u>
	8. Employer (if applicable, mandatory): <u>McSHANE LLC</u>
	9. Occupation (if applicable, mandatory): <u>Digital Designer</u>

1. Date Accepted <u>7/29/25</u>	4. Name (Last, First): <u>Jane Turner</u>
2. Contribution Amt. \$ <u>400.00</u>	5. Address: <u>20 Wilcox Street</u>
3. Aggregate Amt. * \$ <u>416.41</u>	6. City/State/Zip: <u>Castle Rock, CO 80104</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Wine Red</u>
	8. Employer (if applicable, mandatory): <u>Fulcrum Group</u>
	9. Occupation (if applicable, mandatory): <u>Consultant</u>

1. Date Accepted <u>7/29/25</u>	4. Name (Last, First): <u>George Solich</u>
2. Contribution Amt. \$ <u>400.00</u>	5. Address: <u>1005+ Paul Street</u>
3. Aggregate Amt. * \$ <u>416.41</u>	6. City/State/Zip: <u>Denver CO 80206</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Wine Red</u>
	8. Employer (if applicable, mandatory): <u>Fourpoint Energy</u>
	9. Occupation (if applicable, mandatory): <u>CEO</u>

1. Date Accepted <u>7/30/25</u>	4. Name (Last, First): <u>Jack Hilbert</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>21149 Woodside Park</u>
3. Aggregate Amt. * \$ <u>104.10</u>	6. City/State/Zip: <u>Parker, CO 80133</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Wine Red</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

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

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

Full Name of Committee/Person: Reason For Castle Pines

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

PLEASE PRINT/TYPE

1. Date Accepted <u>8/6/25</u>	4. Name (Last, First): <u>Asterd Bower</u>
2. Contribution Amt. \$ <u>100.-</u>	5. Address: <u>5111 Pine River</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>CASTLE ROCK</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Wine food</u>
	8. Employer (if applicable, mandatory): <u>Victory in the Field</u>
	9. Occupation (if applicable, mandatory): <u>Self</u>

1. Date Accepted <u>8/9/25</u>	4. Name (Last, First): <u>Trent Phares</u>
2. Contribution Amt. \$ <u>250.-</u>	5. Address: <u>7206 Middlechar</u>
3. Aggregate Amt. * \$ <u>260.25</u>	6. City/State/Zip: <u>CASTLE PINES, CO 80108</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Wine food</u>
	8. Employer (if applicable, mandatory): <u>Greenwood Companies Inc.</u>
	9. Occupation (if applicable, mandatory): <u>PIO</u>

1. Date Accepted <u>8/12/25</u>	4. Name (Last, First): <u>Rich Spool</u>
2. Contribution Amt. \$ <u>400.-</u>	5. Address: <u>5226 S. HANCOCKAL</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Englewood, Co 80111</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Wine food</u>
	8. Employer (if applicable, mandatory): <u>Self</u>
	9. Occupation (if applicable, mandatory): <u>Consultant</u>

1. Date Accepted <u>8/14/25</u>	4. Name (Last, First): <u>Bill Owens</u>
2. Contribution Amt. \$ <u>250.-</u>	5. Address: <u>1144 15th Street</u>
3. Aggregate Amt. * \$ <u>260.26</u>	6. City/State/Zip: <u>Denver, Co 80202</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Wine food</u>
	8. Employer (if applicable, mandatory): <u>Consultant</u>
	9. Occupation (if applicable, mandatory): <u>Self</u>

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

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

Full Name of Committee/Person: Rose Tree Center Pkwy

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

PLEASE PRINT/TYPE

1. Date Accepted <u>8/17/25</u>	4. Name (Last, First): <u>Anthony Severat</u>
2. Contribution Amt. \$ <u>200.00</u>	5. Address: <u>3050 Chandler Place</u>
3. Aggregate Amt. * \$ <u>208.20</u>	6. City/State/Zip: <u>Castle Pines, CO 80108</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Wire Rod</u>
	8. Employer (if applicable, mandatory): <u>LEADERSHIP EXPERIENCE AGENCY LLC</u>
	9. Occupation (if applicable, mandatory): <u>CEO</u>

1. Date Accepted <u>8/18/25</u>	4. Name (Last, First): <u>PRICILLA RAHNE</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>10541 LAURELVIEW</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>HIGHLANDS RANCH, CO 80130</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>DAS</u>
	9. Occupation (if applicable, mandatory): <u>TEACHER</u>

1. Date Accepted <u>8/19/25</u>	4. Name (Last, First): <u>ELLIE ROYNOLDS</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>8724 8724 BIG THORN</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>LITTLETON, CO 80125</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Wire Rod</u>
	8. Employer (if applicable, mandatory): <u>DEFOC</u>
	9. Occupation (if applicable, mandatory): <u>CEO</u>

1. Date Accepted <u>8/18/25</u>	4. Name (Last, First): <u>DAVID WOELEY</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>14166 TOUCHSTONE</u>
3. Aggregate Amt. * \$ <u>104.10</u>	6. City/State/Zip: <u>PARKER, CO 80134</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Wire Rod</u>
	8. Employer (if applicable, mandatory): <u>Douglas County Sheriff</u>
	9. Occupation (if applicable, mandatory): <u>Sheriff</u>

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

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

Full Name of Committee/Person: Roanoke Fine Arts Fund

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

PLEASE PRINT/TYPE

1. Date Accepted <u>8/18/25</u>	4. Name (Last, First): <u>Gretchen Harrison</u>
2. Contribution Amt. \$ <u>100.</u>	5. Address: <u>11805 Breckinridge</u>
3. Aggregate Amt. * \$ <u>104.10</u>	6. City/State/Zip: <u>Denver Co 80138</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Wheeled</u>
	8. Employer (if applicable, mandatory): <u>Alice & Ray Baker</u>
	9. Occupation (if applicable, mandatory): <u>Owner</u>

1. Date Accepted <u>8/16/25</u>	4. Name (Last, First): <u>Robert Straling</u>
2. Contribution Amt. \$ <u>50.</u>	5. Address: <u>6210 Castlegate Way</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Castle Rock</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Wheeled</u>
	8. Employer (if applicable, mandatory): <u>Americas Voice</u>
	9. Occupation (if applicable, mandatory): <u>Producer / News Director</u>

1. Date Accepted <u>8/27/25</u>	4. Name (Last, First): <u>John Pritzlaff</u>
2. Contribution Amt. \$ <u>400.</u>	5. Address: <u>611 Cliffgate Lane</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Castle Rock, CO 80108</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

1. Date Accepted <u>8/27/25</u>	4. Name (Last, First): <u>Joy Hoffmayer</u>
2. Contribution Amt. \$ <u>400</u>	5. Address: <u>5303 S Franklin</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>Greenwood Village, CO 80121</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	9. Occupation (if applicable, mandatory): <u>Retired</u>

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

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

Full Name of Committee/Person: Renee For Astro Plus**WARNING: Please read the instruction page for Schedule "A" before completing!****PLEASE PRINT/TYPE**

1. <u>Date Accepted</u> <u>8/28/05</u>	4. Name (Last, First): <u>Jane Hoffman</u>
2. <u>Contribution Amt.</u> \$ <u>100.</u>	5. Address: <u>5308 S. Franklin</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Cherewood Village, Co 80121</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Retired</u>

1. <u>Date Accepted</u>	4. Name (Last, First):
2. <u>Contribution Amt.</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>):

1. <u>Date Accepted</u>	4. Name (Last, First):
2. <u>Contribution Amt.</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>):

1. <u>Date Accepted</u>	4. Name (Last, First):
2. <u>Contribution Amt.</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>):

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

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

Full Name of Committee/Person: Roxane For Castle Pines

PLEASE PRINT/TYPE

1. Date Expended <u>6/26/25</u>	4. Name: <u>Forge Media Partners</u>
2. Amount \$ <u>2,000. -</u>	5. Address: <u>8925 W. Teton Place</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Littleton, Colorado 80128</u>
	7. Purpose of Expenditure: <u>VIDEO PRODUCTION</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>6/28/25</u>	4. Name: <u>Seth Jacobson</u>
2. Amount \$ <u>2,000. -</u>	5. Address: <u>14553 W. 91st Drive, Unit C</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80005</u>
	7. Purpose of Expenditure: <u>Digital Consulting</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>7/7/2025</u>	4. Name: <u>MAIL CAMP</u>
2. Amount \$ <u>20.94</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Electronic Mail Service</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>7/7/25</u>	4. Name: <u>Forge Media Partners</u>
2. Amount \$ <u>600. -</u>	5. Address: <u>8925 W. Teton Place</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Littleton, CO 80128</u>
	7. Purpose of Expenditure: <u>VIDEO PRODUCTION</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>7/9/25</u>	4. Name: <u>CASTLE PINES CONNECTION</u>
2. Amount \$ <u>775. -</u>	5. Address: <u>7435 Village Square Dr #220</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Castle Pines, CO 80108</u>
	7. Purpose of Expenditure: <u>PERM AD</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

Full Name of Committee/Person:

Renee Fox-Caster Pines

PLEASE PRINT/TYPE

1. Date Expended <u>7/14/25</u>	4. Name: <u>Dukes Steakhouse</u>
2. Amount \$ <u>150.00</u>	5. Address: <u>363 Village Square Lane</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Castle Rock, CO 80104</u>
	7. Purpose of Expenditure: <u>Digital Ad</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>7/30/25</u>	4. Name: <u>Rung Limited</u>
2. Amount \$ <u>2626.52</u>	5. Address: <u>3982 Powell Road, #15</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Powell, OH 43065</u>
	7. Purpose of Expenditure: <u>Digital Digital Targeting</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>7/24/25</u>	4. Name: <u>Mall Chimp</u>
2. Amount \$ <u>20.84</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Digital Mail</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>7/31/25</u>	4. Name: <u>SETH Jacobson</u>
2. Amount \$ <u>2000.00</u>	5. Address: <u>14553 W 91st Drive, Little C</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80005</u>
	7. Purpose of Expenditure: <u>Digital Consulting</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>8/1/25</u>	4. Name: <u>Alco + Kate Boney</u>
2. Amount \$ <u>180.00</u>	5. Address: <u>572 E. Castle Pines Parkway, #A-5</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Castle Pines, CO 80108</u>
	7. Purpose of Expenditure: <u>Catering</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

Full Name of Committee/Person:

Roger For Castle Peaks

PLEASE PRINT/TYPE

1. Date Expended <u>8/1/25</u>	4. Name: <u>Forge Media Partners</u>
2. Amount \$ <u>300.00</u>	5. Address: <u>8925 W. Teton Place</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>LITTLETON, CO 80128</u>
	7. Purpose of Expenditure: <u>Digital Editing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>8/15/25</u>	4. Name: <u>Minute Man Press</u>
2. Amount \$ <u>432.80</u>	5. Address: <u>1263 Park Street, # B</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Castle Rock, CO 80109</u>
	7. Purpose of Expenditure: <u>Signs & Print Cards</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>8/1/25</u>	4. Name: <u>GOLD PEAK STATISTICS</u>
2. Amount \$ <u>1,350.00</u>	5. Address: <u>17210 Yellow Rose Way</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arden, CO 80134</u>
	7. Purpose of Expenditure: <u>Consultant</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>8/7/25</u>	4. Name: <u>META</u>
2. Amount \$ <u>150.00</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Online Advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>9/18/25</u>	4. Name: <u>Alta Empirionics</u>
2. Amount \$ <u>336.31</u>	5. Address: <u>363 Village Square Ln</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Castle Peaks, CO 80108</u>
	7. Purpose of Expenditure: <u>CATERING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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> 6/29/25	4. Name: <u>CASTLE PINES CONNECTION</u>
2. <u>Amount</u> \$ <u>775.00</u>	5. Address: <u>7435 Villaverde Dr. #220</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Castle Pines, CO 80108</u>
	7. Purpose of Expenditure: <u>PAC Ad</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 6/29/25	4. Name: <u>GOLD PEAK STRATEGIES</u>
2. <u>Amount</u> \$ <u>1378.50</u>	5. Address: <u>17210 Yellow Rose Way</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Golden, CO 80134</u>
	7. Purpose of Expenditure: <u>Consulting</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 6/28/25	4. Name: <u>MAIL CHIMP</u>
2. <u>Amount</u> \$ <u>20.84</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Digital Mail</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/2/25	4. Name: <u>Seth Jacobson</u>
2. <u>Amount</u> \$ <u>2,000.00</u>	5. Address: <u>14553 W 91ST Drive, #C</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arvada, CO 80005</u>
	7. Purpose of Expenditure: <u>Consulting</u>
	<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

Full Name of Committee/Person:

Roger For Castle Pines

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):

Hudson, Roger D.

Address:

7050 Campden Place

City/State/Zip:

Castle Pines Co 80108

Original Amount of Loan: \$ 20,000.00

Interest Rate:

0%

Loan Amount Received This Reporting Period: \$ 20,000.00

Total of All Loans This Reporting

Period: \$ 20,000.00

(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ 0.00

Interest Amount Paid This Reporting Period: \$ 0.00

Amount Repaid This Reporting Period: \$ 0.00

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

Total Repayments Made: \$ 0.00

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

Outstanding Balance: \$ 20,000.00

TERMS OF LOAN:

7/8/25
Date Loan Received

3/4/26
Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed
<u>Roger D. Hudson</u>	<u>7050 Campden Place</u> <u>Castle Pines, CO 80108</u>	<u>20,000.00</u>