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SEP 02 2025

Office of the City Clerk  
City of Castle Pines

Colorado Secretary of State  
Elections Division  
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Denver, CO 80290  
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Email: cphelp@sos.state.co.us  
www.sos.state.co.us



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

|  |  |
|--|--|
| <b>Full Name of Committee/Person:</b>            | Rothe for Castle Pines                               |
| As Shown On Registration                         |  |
| <b>Address of Committee/Person:</b>              | 218 Hampshire Ln                                     |
| <b>City, State &amp; Zip Code:</b>               | Castle Pines, CO 80108                               |
| <b>Committee Type:</b>                           | Candidate  |
| <b>Name and Address of Financial Institution</b> | FirstBank - 4775 Front Street, Castle Rock, CO 80104 |

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:

-

Through

August 31st, 2025

Declared Total Spending (if applicable)

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

\$ 372.94

|   |  | Totals Detailed Summary Page |
|---|--|------------------------------|
| 1 | Funds on Hand at the Beginning of Reporting Period (monetary only)         | \$ 0.00                      |
| 2 | Total Monetary Contributions (line 11)                                     | \$ 1,849.00                  |
| 3 | Total of Monetary Contributions & Beginning Amount (line 1 + line 2)       | \$ 1,849.00                  |
| 4 | Total Monetary Expenditures (line 19)                                      | \$ 372.94                    |
| 5 | Funds on Hand at the End of Reporting Period (monetary) (line 3 -- line 4) | \$ 1,476.06                  |

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: Barrett Rothe

Registered Agent's Signature:

*[Signature]*

Date: 9/2/25

Print Candidate Name: Barrett Rothe

Candidates Signature:

*[Signature]*

Date: 9/2/25

**DETAILED SUMMARY**Full Name of Committee/Person: Rothe for Castle PinesCurrent Reporting Period:  Through August 31st, 2025

|   |  |             |
|---|--|-------------|
| <b>Funds on hand at the beginning of reporting period</b> (Monetary Only) |  | \$ 0.00     |
| 6   | <b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)]<br>(Please list on Schedule "A")            | \$ 1,849.00 |
| 7   | <b>Total of Non-Itemized Contributions</b><br>(Contributions of \$19.99 and Less)                              | \$          |
| 8   | <b>Loans Received</b><br>(Please list on Schedule "C")   | \$          |
| 9   | <b>Total of Other Receipts</b><br>(Interest, Dividends, etc.)  | \$          |
| 10  | <b>Returned Expenditures (from recipient)</b><br>(Please list on Schedule "D")                                 | \$          |
| 11  | <b>Total Monetary Contributions</b><br>(Total of lines 6 through 10)   | \$ 1,849.00 |
| 12  | <b>Total Non-Monetary Contributions</b><br>(From Statement of Non-Monetary Contributions)                      | \$          |
| 13  | <b>Total Contributions</b><br>(Line 11 + line 12)  | \$          |
| 14  | <b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)]<br>(Please list on Schedule "B")             | \$ 372.94   |
| 15  | <b>Total of Non-Itemized Expenditures</b><br>(Expenditures of \$19.99 or Less)                                 | \$          |
| 16  | <b>Loan Repayments Made</b><br>(Please list on Schedule "C")   | \$          |
| 17  | <b>Returned Contributions (To donor)</b><br>(Please list on Schedule "D")                                      | \$          |
| 18  | <b>Total Coordinated Non-Monetary Expenditures</b><br>(Candidate/Candidate Committee & Political Parties only) | \$          |
| 19  | <b>Total Monetary Expenditures</b><br>(Total of lines 14 through 17)   | \$ 372.94   |
| 20  | <b>Total Spending</b><br>(Line 18 + line 19)   | \$ 372.94   |

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

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

Full Name of Committee/Person: Rothe for Castle Pines**WARNING: Please read the instruction page for Schedule “A” before completing!**

PLEASE PRINT/TYPE

|  |  |
|--|--|
| 1. <u>Date Accepted</u><br><b>8/9/25</b>                                 | 4. Name (Last, First): <u>Rothe, Barrett</u>                                     |
| 2. <u>Contribution Amt.</u><br>\$ <b>20.00</b>                           | 5. Address: <u>218 Hampshire Ln</u>  |
| 3. <u>Aggregate Amt. *</u><br>\$ <b>344.00</b>                           | 6. City/State/Zip: <u>Castle Pines, CO 80108</u>                                 |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: <u>Donation Portal Test</u>                                      |
|  | 8. Employer (if applicable, <u>mandatory</u> ): <u>Turnbuckle Distilling</u>     |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): <u>Chief Operating Officer</u> |

|  |   |
|--|---|
| 1. <u>Date Accepted</u><br><b>8/30/25</b>                                | 4. Name (Last, First): <u>Clapp, Lori</u>               |
| 2. <u>Contribution Amt.</u><br>\$ <b>20.00</b>                           | 5. Address: <u>1074 Berganot Trl</u>                    |
| 3. <u>Aggregate Amt. *</u><br>\$ <b>20.00</b>                            | 6. City/State/Zip: <u>Castle Pines, CO 80108</u>        |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____                                   |
|  | 8. Employer (if applicable, <u>mandatory</u> ): _____   |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): _____ |

|  |   |
|--|---|
| 1. <u>Date Accepted</u><br><b>8/30/25</b>                                | 4. Name (Last, First): <u>Mitchell, Angela</u>          |
| 2. <u>Contribution Amt.</u><br>\$ <b>50.00</b>                           | 5. Address: <u>7032 Serena Drive</u>                    |
| 3. <u>Aggregate Amt. *</u><br>\$ <b>50.00</b>                            | 6. City/State/Zip: <u>Castle Pines, CO 80108</u>        |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____                                   |
|  | 8. Employer (if applicable, <u>mandatory</u> ): _____   |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): _____ |

|  |   |
|--|---|
| 1. <u>Date Accepted</u><br><b>8/29/25</b>                                | 4. Name (Last, First): <u>Melanson, Wayne</u>           |
| 2. <u>Contribution Amt.</u><br>\$ <b>20.00</b>                           | 5. Address: <u>6948 Welford Pl</u>                      |
| 3. <u>Aggregate Amt. *</u><br>\$ <b>20.00</b>                            | 6. City/State/Zip: <u>Castle Pines, CO 80108</u>        |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____                                   |
|  | 8. Employer (if applicable, <u>mandatory</u> ): _____   |
|  | 9. Occupation (if applicable, <u>mandatory</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: Rothe for Castle Pines**WARNING: Please read the instruction page for Schedule “A” before completing!**

PLEASE PRINT/TYPE

|  |   |
|--|---|
| 1. <u>Date Accepted</u><br><b>8/29/25</b>                                | 4. Name (Last, First): <u>Hogue, David</u>              |
| 2. <u>Contribution Amt.</u><br>\$ <b>25.00</b>                           | 5. Address: <u>7299 Brighton Ct</u>                     |
| 3. <u>Aggregate Amt. *</u><br>\$ <b>25.00</b>                            | 6. City/State/Zip: <u>Castle Pines, CO 80108</u>        |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____                                   |
|  | 8. Employer (if applicable, <u>mandatory</u> ): _____   |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): _____ |

|  |   |
|--|---|
| 1. <u>Date Accepted</u><br><b>8/29/25</b>                                | 4. Name (Last, First): <u>Svenson, Jill</u>             |
| 2. <u>Contribution Amt.</u><br>\$ <b>20.00</b>                           | 5. Address: <u>6665 Fawn Path Ln</u>                    |
| 3. <u>Aggregate Amt. *</u><br>\$ <b>20.00</b>                            | 6. City/State/Zip: <u>Castle Pines, CO 80108</u>        |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____                                   |
|  | 8. Employer (if applicable, <u>mandatory</u> ): _____   |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): _____ |

|  |  |
|--|--|
| 1. <u>Date Accepted</u><br><b>8/30/25</b>                                | 4. Name (Last, First): <u>Rothe, Sandford</u>                    |
| 2. <u>Contribution Amt.</u><br>\$ <b>400.00</b>                          | 5. Address: <u>952 Country Club Parkway</u>                      |
| 3. <u>Aggregate Amt. *</u><br>\$ <b>400.00</b>                           | 6. City/State/Zip: <u>Castle Pines, CO 80108</u>                 |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____  |
|  | 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><br><b>8/30/25</b>                                | 4. Name (Last, First): <u>Rothe, Leslie</u>                      |
| 2. <u>Contribution Amt.</u><br>\$ <b>400.00</b>                          | 5. Address: <u>952 Country Club Parkway</u>                      |
| 3. <u>Aggregate Amt. *</u><br>\$ <b>400.00</b>                           | 6. City/State/Zip: <u>Castle Pines, CO 80108</u>                 |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____  |
|  | 8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</u>   |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): <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: Rothe for Castle Pines**WARNING: Please read the instruction page for Schedule “A” before completing!**

PLEASE PRINT/TYPE

|  |   |
|--|---|
| 1. <u>Date Accepted</u><br><b>8/20/25</b>                                | 4. Name (Last, First): <u>Browning, Eiko</u>  |
| 2. <u>Contribution Amt.</u><br>\$ <b>400.00</b>                          | 5. Address: <u>662 Huntington Drive</u>   |
| 3. <u>Aggregate Amt. *</u><br>\$ <b>400.00</b>                           | 6. City/State/Zip: <u>Highlands Ranch, CO 80126</u>                                 |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: <u>This person is not Chinese FYI, Roger</u>                        |
|  | 8. Employer (if applicable, <u>mandatory</u> ): <u>Rocky Mountain Cancer Center</u> |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): <u>Physician</u>                  |

|  |   |
|--|---|
| 1. <u>Date Accepted</u><br><b>8/20/25</b>                                | 4. Name (Last, First): <u>Furlow, Margaret</u>          |
| 2. <u>Contribution Amt.</u><br>\$ <b>20.00</b>                           | 5. Address: <u>1398 Ascot Ave</u>                       |
| 3. <u>Aggregate Amt. *</u><br>\$ <b>20.00</b>                            | 6. City/State/Zip: <u>Highlands Ranch, CO 80126</u>     |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____                                   |
|  | 8. Employer (if applicable, <u>mandatory</u> ): _____   |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): _____ |

|  |   |
|--|---|
| 1. <u>Date Accepted</u><br><b>8/20/25</b>                                | 4. Name (Last, First): <u>Mitkowski, Jennifer</u>       |
| 2. <u>Contribution Amt.</u><br>\$ <b>50.00</b>                           | 5. Address: <u>10108 Silver Maple Cir</u>               |
| 3. <u>Aggregate Amt. *</u><br>\$ <b>50.00</b>                            | 6. City/State/Zip: <u>Highlands Ranch, CO 80129</u>     |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____                                   |
|  | 8. Employer (if applicable, <u>mandatory</u> ): _____   |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): _____ |

|  |  |
|--|--|
| 1. <u>Date Accepted</u><br><b>8/9/25</b>                                 | 4. Name (Last, First): <u>Rothe, Barrett</u>                                     |
| 2. <u>Contribution Amt.</u><br>\$ <b>324.00</b>                          | 5. Address: <u>218 Hampshire Ln</u>  |
| 3. <u>Aggregate Amt. *</u><br>\$ <b>344.00</b>                           | 6. City/State/Zip: <u>Castle Pines, CO 80108</u>                                 |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: <u>In-Kind for Website</u>                                       |
|  | 8. Employer (if applicable, <u>mandatory</u> ): <u>Turnbuckle Distilling</u>     |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): <u>Chief Operating Officer</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: Rothe for Castle Pines**WARNING: Please read the instruction page for Schedule “A” before completing!**

PLEASE PRINT/TYPE

|  |   |
|--|---|
| 1. <u>Date Accepted</u><br><b>8/31/25</b>                                | 4. Name (Last, First): <u>Walsleben, Jeremy</u>                                 |
| 2. <u>Contribution Amt.</u><br>\$ <b>100.00</b>                          | 5. Address: <u>6446 Nassau Ct</u>   |
| 3. <u>Aggregate Amt. *</u><br>\$ <b>100.00</b>                           | 6. City/State/Zip: <u>Highlands Ranch, CO 80130</u>                             |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____   |
|  | 8. Employer (if applicable, <u>mandatory</u> ): <u>Kaiser Permanente</u>        |
|  | 9. Occupation (if applicable, <u>mandatory</u> ): <u>Information Technology</u> |

|  |   |
|--|---|
| 1. <u>Date Accepted</u>  | 4. Name (Last, First): _____                            |
| 2. <u>Contribution Amt.</u><br>\$  | 5. Address: _____                                       |
| 3. <u>Aggregate Amt. *</u><br>\$   | 6. City/State/Zip: _____                                |
| <input type="checkbox"/> Check box if<br>Electioneering<br>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><br>\$  | 5. Address: _____                                       |
| 3. <u>Aggregate Amt. *</u><br>\$   | 6. City/State/Zip: _____                                |
| <input type="checkbox"/> Check box if<br>Electioneering<br>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><br>\$  | 5. Address: _____                                       |
| 3. <u>Aggregate Amt. *</u><br>\$   | 6. City/State/Zip: _____                                |
| <input type="checkbox"/> Check box if<br>Electioneering<br>Communication | 7. Description: _____                                   |
|  | 8. Employer (if applicable, <u>mandatory</u> ): _____   |
|  | 9. Occupation (if applicable, <u>mandatory</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 B – Itemized Expenditures Statement (\$20 or more)**

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

**Full Name of Committee/Person:** Rothe for Castle Pines**PLEASE PRINT/TYPE**

|   |  |
|---|--|
| 1. <u>Date Expended</u><br><b>8/9/25</b>  | 4. Name: <u>Wix</u>  |
| 2. <u>Amount</u><br><b>\$ 324.00</b>  | 5. Address: <u>100 Gansevoort Street</u>                           |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>New York, NY 10014</u>                       |
|   | 7. Purpose of Expenditure: <u>Website</u>                          |
|   | <input type="checkbox"/> Check box if Electioneering Communication |

|   |  |
|---|--|
| 1. <u>Date Expended</u><br><b>8/31/25</b>   | 4. Name: <u>Wix Payments</u>                                       |
| 2. <u>Amount</u><br><b>\$ 48.94</b>   | 5. Address: <u>100 Gansevoort Street</u>                           |
| 3. Recipient is (optional):<br><input type="checkbox"/> Committee<br><input type="checkbox"/> Non-Committee | 6. City/State/Zip: <u>New York NY 10014</u>                        |
|   | 7. Purpose of Expenditure: <u>Payment Processing Fees</u>          |
|   | <input type="checkbox"/> Check box if Electioneering Communication |

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