

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
Ph: (303) 894-2200 ext. 6383
Fax: (303) 869-4861
Email: cphelp@sos.state.co.us
www.sos.state.co.us



RECEIVED

Space Below For Office Use Only

OCT 02 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:	Nate Winegar for Castle Pines City Council
As Shown On Registration	
Address of Committee/Person:	6625 Barnstead Drive
City, State & Zip Code:	Castle Pines, Colorado 80108
Committee Type:	Candidate for Castle Pines City Council
Name and Address of Financial Institution	US Bank, Lagae Road, Castle Pines CO

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: 9/1/2025

Date

Through 9/30/2025

Date

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

\$

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$0
2	Total Monetary Contributions (line 11)	\$100.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$100.00
4	Total Monetary Expenditures (line 19)	\$0
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$100.00

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: Susan Zloth

Registered Agent's Signature:  Date: 10/1/2025

Print Candidate Name: Nate Winegar

Candidates Signature:  Date: 10/1/2025

DETAILED SUMMARYFull Name of Committee/Person: Nate Winegar for Castle Pines City CouncilCurrent Reporting Period: 9/1/2025Through 9/30/2025

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)] (Please list on Schedule "A")	\$ 100.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0
8	Loans Received (Please list on Schedule "C")	\$ 0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 100.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 100.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 0
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 0
20	Total Spending (Line 18 + line 19)	\$ 0

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

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

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/4/2025	4. Name (Last, First): <u>Susan Zloth</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>7226 Canyon Sky Trail</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Castle Pines, CO 80108</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Donation</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>N/A</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>): _____

* 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).

