

Colorado Secretary of State
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RECEIVED: Space Below For Office Use Only

OCT 07 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:	Committee to Elect Doug Gilbert Mayor
As Shown On Registration	
Address of Committee/Person:	6947 Welford Pl
City, State & Zip Code:	Castle Pines, CO 80108
Committee Type:	Candidate
Name and Address of Financial Institution	Westerra Credit Union, 3700 E Alameda Ave, Denver, CO 80209

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: September 1, 2025
Date

Through September 30, 2025
Date

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

\$ 1,204.30

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 0
2 Total Monetary Contributions (line 11)	\$ 1,204.30
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1,204.30
4 Total Monetary Expenditures (line 19)	\$ 1,204.30
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$ 0

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: Douglas Gilbert

Registered Agent's Signature: Douglas Gilbert Date: 10/7/2025

Print Candidate Name: Doug Gilbert

Candidates Signature: Douglas Gilbert Date: 10/7/2025

DETAILED SUMMARYFull Name of Committee/Person: Committee to Elect Doug Gilbert MayorCurrent Reporting Period: September 1, 2025Through September 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")	\$ 600.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0
8	Loans Received (Please list on Schedule "C")	\$ 604.30
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)	\$ 1,204.30
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 1,204.30
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 1,204.30
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)	\$ 1,204.30
20	Total Spending (Line 18 + line 19)	\$ 1,204.30

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

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

Full Name of Committee/Person: Committee to Elect Doug Gilbert Mayor**WARNING: Please read the instruction page for Schedule “A” before completing!**

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/15/25	4. Name (Last, First): <u>Persis Schlosser</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>925 Anaconda Drive</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Castle Rock, CO 80108</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Monetary contribution</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Not employed</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Not employed</u>

1. <u>Date Accepted</u> 9/15/25	4. Name (Last, First): <u>Angela Mitchell</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>7032 Serena Drive</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Castle Pines, CO 80108</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Monetary contribution</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Sales</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Emerson</u>

1. <u>Date Accepted</u> 9/16/25	4. Name (Last, First): <u>Wayne Melanson</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>6948 Welford Pl</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Castle Pines, CO 80108</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Monetary contribution</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Not employed</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Not employed</u>

1. <u>Date Accepted</u> 9/18/25	4. Name (Last, First): <u>Joanne Beckham</u>
2. <u>Contribution Amt.</u> \$50.00	5. Address: <u>267 Clare Dr</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Castle Pines, CO 80108</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Monetary contribution</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Not employed</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Not employed</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: Committee to Elect Doug Gilbert Mayor**WARNING: Please read the instruction page for Schedule “A” before completing!**

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/29/25	4. Name (Last, First): <u>Lee Alpert</u>
2. <u>Contribution Amt.</u> \$ 400.00	5. Address: <u>1 Cherry Hills Farm Court</u>
3. <u>Aggregate Amt. *</u> \$ 400.00	6. City/State/Zip: <u>Englewood, CO 80113</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Monetary contribution</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Self</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Investor</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).

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

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

Full Name of Committee/Person: Committee to Elect Doug Gilbert Mayor**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 9/8/25	4. Name: <u>CDP</u>
2. <u>Amount</u> \$ 134.19	5. Address: <u>789 Sherman St Suite 110</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80203</u>
	7. Purpose of Expenditure: <u>Voter data files</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/5/25	4. Name: <u>PoliEngine, LLC</u>
2. <u>Amount</u> \$ 35.00	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Gainesville, Florida, 32601, USA</u>
	7. Purpose of Expenditure: <u>Website</u> <input checked="" type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/19/25	4. Name: <u>L2</u>
2. <u>Amount</u> \$ 450.00	5. Address: <u>5 Schalks Crossing Road, Ste 220</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Plainsboro, NJ 08536</u>
	7. Purpose of Expenditure: <u>Voter data files</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/18/25	4. Name: <u>Signs on the Cheap</u>
2. <u>Amount</u> \$ 433.16	5. Address: <u>11525A Stonehollow Dr Ste 120</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Austin, TX, 78758</u>
	7. Purpose of Expenditure: <u>Campaign signs</u> <input checked="" type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/29/25	4. Name: <u>Signs on the Cheap</u>
2. <u>Amount</u> \$ 130.95	5. Address: <u>11525A Stonehollow Dr Ste 120</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Austin, TX, 78758</u>
	7. Purpose of Expenditure: <u>Campaign Signs</u> <input checked="" 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: Committee to Elect Doug Gilbert Mayor**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 9/21/25	4. Name: <u>ActBlue LLC</u>
2. <u>Amount</u> \$ 14.00	5. Address: <u>P.O. Box 441146</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Somerville, MA 02144</u>
	7. Purpose of Expenditure: <u>Credit card processing fee</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/29/25	4. Name: <u>ActBlue LLC</u>
2. <u>Amount</u> \$7.00	5. Address: <u>P.O. Box 441146</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Somerville, MA 02144</u>
	7. Purpose of Expenditure: <u>Credit card processing fee</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): <input type="checkbox"/> Committee <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): <input type="checkbox"/> Committee <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): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

Schedule C - Loans

Full Name of Committee/Person: Committee to Elect Doug Gilbert Mayor

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): Douglas Gilbert

Address: 6947 Welford Pl

City/State/Zip: Castle Pines, CO 80108

Original Amount of Loan: \$ 0 Interest Rate: 0%

Loan Amount Received This Reporting Period: \$ 604.30

Total of All Loans This Reporting
Period: \$ 604.30
(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: \$ 604.30

TERMS OF LOAN: 9/30/25 12/31/25
Date Loan Received Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed
N/A		

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Committee to Elect Doug Gilbert Mayor

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): <u>None</u>
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): <u>None</u>
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): _____

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: Committee to Elect Doug Gilbert Mayor

PLEASE PRINT/TYPE

1. <u>Date Provided</u>	4. Name (Last, First): <u>None</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."