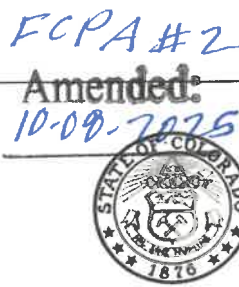


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
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Fax: (303) 869-4861
Email: cpfhelp@sos.state.co.us
www.sos.state.co.us



RECEIVED:
Space Below For Office Use Only

OCT 08 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:	Rothe for Castle Pines
As Shown On Registration	
Address of Committee/Person:	218 Hampshire Ln
City, State & Zip Code:	Castle Pines, CO 80108
Committee Type:	Candidate
Name and Address of Financial Institution	FirstBank - 4775 Front St, 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**
Date 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)	\$ 1,476.06
2	Total Monetary Contributions (line 11)	\$ 1,275.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2,751.06
4	Total Monetary Expenditures (line 19)	\$ 1,979.18
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$ 771.88

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: B. Rothe Date: 10/7/25

Print Candidate Name: Barrett Rothe

Candidates Signature: B. Rothe Date: 10/7/25

DETAILED SUMMARYFull Name of Committee/Person: Rothe for Castle PinesCurrent Reporting Period: Sep 1, 2025Through Sep 30, 2025

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 1,476.06
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 500.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$
8	Loans Received (Please list on Schedule "C")	\$ 775.00
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 1275.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 1275.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 1,979.18
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$
16	Loan Repayments Made (Please list on Schedule "C")	\$
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 1,979.18
20	Total Spending (Line 18 + line 19)	\$ 1,979.18

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> 9/9/25	4. Name (Last, First): <u>Gooden, Julie</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>9437 La Costa Ln</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Lone Tree, CO 80124</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Colorado General Assembly</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Legislative Aide</u>

1. <u>Date Accepted</u> 9/9/25	4. Name (Last, First): <u>Schlosser, Persis</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>925 Anaconda Dr</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Castle Pines, CO 8018</u>
<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> 9/13/25	4. Name (Last, First): <u>Rivera, Nina</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>697 Tenderfoot Dr</u>
3. <u>Aggregate Amt. *</u> \$ 50.00	6. City/State/Zip: <u>Larkspur, CO 80118</u>
<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> 9/15/25	4. Name (Last, First): <u>Harris, Christine</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>1397 Forest Trails Dr</u>
3. <u>Aggregate Amt. *</u> \$ 100	6. City/State/Zip: <u>Castle Pines, CO 80108</u>
<input type="checkbox"/> Check box if Electioneering 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> 9/16/25	4. Name (Last, First): <u>Overacker, Tammy</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>913 Dakota Dr</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: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>None</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>N/A</u>

1. <u>Date Accepted</u> 9/25/25	4. Name (Last, First): <u>Myeroff, Lisa</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>6424 Kenzie Circle,</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: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 9/24/25	4. Name (Last, First): <u>Vasquez, Felice</u>
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: <u>6610 Braylin Ln</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: _____
	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: Rothe for Castle Pines**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 9/30/25	4. Name: <u>Wix Payments</u>
2. <u>Amount</u> \$ 16.60	5. Address: <u>100 Gansevoort Street</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>New York NY 10014</u>
	7. Purpose of Expenditure: <u>Processing fees</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/3/25	4. Name: <u>My Sign Center</u>
2. <u>Amount</u> \$ 270.70	5. Address: <u>1150 Sylvan St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Linden, NJ 07036</u>
	7. Purpose of Expenditure: <u>Yard Signs</u>
	<input checked="" type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/3/25	4. Name: <u>VistaPrint</u>
2. <u>Amount</u> \$ \$550.53	5. Address: <u>100 Hayden Avenue</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Lexington, MA 02421</u>
	7. Purpose of Expenditure: <u>Printed material, car magnets</u>
	<input checked="" type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/12/25	4. Name: <u>Votebuilder</u>
2. <u>Amount</u> \$ 134.19	5. Address: <u>789 Sherman St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO</u>
	7. Purpose of Expenditure: <u>Voter Data</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/16/25	4. Name: <u>The Castle Pines Connection</u>
2. <u>Amount</u> \$ 775.00	5. Address: <u>7437 Village Square Drive, Suite 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>Newspaper Ad</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: Rothe for Castle Pines**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> <u>9/21/25</u>	4. Name: <u>VistaPrint</u>
2. <u>Amount</u> \$ <u>\$137.16</u>	5. Address: <u>100 Hayden Avenue</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Lexington, MA 02421</u>
	7. Purpose of Expenditure: <u>Car magnets</u>
	<input checked="" type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>9/23/25</u>	4. Name: <u>Campaign Verify</u>
2. <u>Amount</u> \$ <u>95.00</u>	5. Address: <u>1215 31st Street NW, PO Box 3554</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Washington, DC 20007</u>
	7. Purpose of Expenditure: <u>Texting setup fees</u>
	<input checked="" 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: Rothe 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(c)] 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): Rothe, Barrett

Address: 218 Hampshire Lane

City/State/Zip: Castle Pines, CO 80108

Original Amount of Loan: \$ \$775

Interest Rate: 0%

Loan Amount Received This Reporting Period: \$ \$775

Total of All Loans This Reporting

Period: \$ \$775

(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: \$ \$775

TERMS OF LOAN: 9/16/25

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
Barrett Rothe	218 Hampshire Ln Castle Pine, CO 80108	\$775