

Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 550
Denver, CO 80290
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Space Below For Office Use Only

OCT 20 2025

Office of the City Clerk
City of Castle Pines

INDEPENDENT EXPENDITURE REPORT

(1-45-107.5 (4), C.R.S.)

This report must be filed by "any person making an independent expenditure in excess of one thousand dollars in any calendar year" pursuant to section 1-45-107.5(4), C.R.S. Registration as an independent expenditure committee is required prior to filing this report. Please reference section 1-45-107.5, C.R.S.

Your Name/Entity Name: COLORADO POLICY INSTITUTE

Committee Name: NOT APPLICABLE - NONPROFIT CORPORATION
As Shown On Committee Registration

SOS ID NUMBER (for committees that file with the Secretary of State): _____

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 on page 2, line 10)

Reporting Period Covered: 10/1/2025 Through: 10/15/2025
Begin Date End Date

Reporting Entity Information:

Full Name of Parent Corporation, if applicable: _____
Include any acronyms used.

All Doing-Business-As Names used in Colorado: COLORADO POLICY INSTITUTE

Address of Home Office: 6855 S DAYTON STREET, BOX 3786, ENGLEWOOD, CO 80112
If reporting entity is a subsidiary entity, list the address of the parent corporation's home office.

Name of Colorado Registered Agent: KATHERINE KENNEDY
Must be the same as listed on committee registration

Colorado Address for Registered Agent: 2318 CURTIS STREET, DENVER, CO 80205

Names of Candidates Supported or Opposed by Independent Expenditures this Period, and position on each: SUPPORTED - ROGER HUDSON

Authorization (Must be completed by the Registered Agent): *I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all donations received during this reporting period, including any donations received in the form of membership dues transferred by a membership organization, are from permissible sources.*

Print Registered Agent's Name: KATIE KENNEDY

Registered Agent's Signature: Katie Kennedy Date: 10/20/2025

* Please notify persons who donate \$1,000 or more for independent expenditures to this committee in a calendar year that such donors are required to file donor reports pursuant to section 1-45-107.5(9)(a), C.R.S.

Committee Name: COLORADO POLICY INSTITUTE

Reporting Period Overview

- 1 **Beginning Balance this Period (Committees):** _____
- 2 **Total Donations this Period:** _____
Monetary: _____ Non-Monetary: _____
Itemized: _____ Non-Itemized: _____
- 3 **Other Receipts (dividends, interest, etc.):** _____
- 4 **Total Independent Expenditures this Period:** 4,444.00
Monetary: 4,444.00 Non-Monetary: 0
Itemized: 4,444.00 Non-Itemized: 0
- 5 **Total Other Expenditures this Period:** _____
Monetary: _____ Non-Monetary: _____
Itemized: _____ Non-Itemized: _____
- 6 **Loans received this period:** _____
- 7 **Loans paid this period:** _____
- 8 **Returned Independent Expenditures this Period:** _____
- 9 **Returned Donations this Period:** _____
- 10 **Ending Balance (include monetary expenditures and donations only):** _____

Committee Name: COLORADO POLICY INSTITUTE

12 **Schedule B: Independent Expenditures**

Itemized Independent Expenditures

1. <u>Date Funds Obligated</u> 10/8/2025	3. Name of Recipient/Payee: <u>MASH DYNAMO</u>
2. <u>Expenditure Amt.</u> \$ 4,444.00 Check if amt. is an estimate: <input type="checkbox"/>	4. Address: <u>3535 PEACHTREE ROAD NE, SUITE 320</u>
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: <u>ATLANTA, GA 30326</u>
	6. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: <u>DIRECT MAIL</u>
	7. Name(s) of candidate(s) referenced: <u>SUPPORTING ROGER HUDSON</u>
	8. Communication is <input type="radio"/> broadcast <input checked="" type="radio"/> non-broadcast. Medium: <u>DIRECT MAIL</u>
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input checked="" type="checkbox"/> If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address: _____
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: _____
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Name(s) of candidate(s) referenced: _____
	8. Communication is <input type="radio"/> broadcast <input type="radio"/> non-broadcast. Medium: _____
	9. This is an electioneering communication (see Art. XXVIII, Sec. 6) <input type="checkbox"/> If box is checked, you must also file an electronic electioneering communication report in TRACER.

1. <u>Date Funds Obligated</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address: _____
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: _____
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Name(s) of candidate(s) referenced: _____
	8. Communication is <input type="radio"/> broadcast <input type="radio"/> non-broadcast. Medium: _____
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