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RECEIVED:

OCT 20 2025

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

Office of the City Clerk
City of Castle Pines

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: Oct 1, 2025 Through Oct 15, 2025
Date Date

Declared Total Spending (if applicable) \$ 379.06
[Art. XXVIII, Sec. 4(1)]

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 771.88
2	Total Monetary Contributions (line 11)	\$ 200.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 971.88
4	Total Monetary Expenditures (line 19)	\$ 379.06
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 592.82

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: 10/20/25

Print Candidate Name: Barrett Rothe

Candidates Signature: [Signature] Date: 10/20/25

DETAILED SUMMARYFull Name of Committee/Person: Rothe for Castle PinesCurrent Reporting Period: Oct 1, 2025Through Oct 15, 2025

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 771.88
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 200.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$
8	Loans Received (Please list on Schedule "C")	\$
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)	\$ 200.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$
13	Total Contributions (Line 11 + line 12)	\$ 200.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 379.06
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)	\$ 379.06
20	Total Spending (Line 18 + line 19)	\$ 379.06

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> 10/12/25	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>6575 Braylin</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>Self-Employed</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Public Relations</u>

1. <u>Date Accepted</u> 10/7/25	4. Name (Last, First): <u>Schilder, Christian</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>9844 Rosemont Ave. Apt. 7203</u>
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: <u>Lone Tree, Colorado 80124</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): <u>Shrewsberry & Assoc.</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Civil Engineer</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: Rothe for Castle Pines**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 10/15/25	4. Name: <u>Wix Payments</u>
2. <u>Amount</u> \$ 6.40	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> 10/1/25	4. Name: <u>Scale to Win</u>
2. <u>Amount</u> \$ 67.36	5. Address: <u>455 Market St Ste 1940</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>San Francisco, CA 94105</u>
	7. Purpose of Expenditure: <u>Texting</u>
	<input checked="" type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/7/25	4. Name: <u>VistaPrint</u>
2. <u>Amount</u> \$ \$77.30	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 materials</u>
	<input checked="" type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/7/25	4. Name: <u>Wix/Google</u>
2. <u>Amount</u> \$ 150.00	5. Address: _____
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>Google Ads, paid via Wix</u>
	<input checked="" type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9/16/25	4. Name: <u>Castle Pines Postal Center</u>
2. <u>Amount</u> \$ 78.00	5. Address: <u>361 Village Square Ln #125</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>Stamps</u>
	<input checked="" type="checkbox"/> Check box if Electioneering Communication