Colorado Secretary of State Elections Division 1700 Broadway, Ste. 200

Denver, CO 80290 (303) 894-2200 ext. 6383 (303) 869-4861 Ph: Fax:

cpfhelp@sos.state.co.us Email: www.sos.state.co.us





OCT 27 2025

Office of the City Clerk
City of Castle Pines

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

| As Shown On Registration 6947 Welford PI 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: October 1, 2025 Date Declared Total Spending (if applicable) \$ Art. XXVIII, Sec. 4(1)] Totals Detailed Summary I Funds on Hand at the Beginning of Reporting Period (monetary only) \$0 Total Monetary Contributions (line 11) \$485.78 Total Monetary Expenditures (line 19) \$485.78 Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4) \$0 | |
|--|---------------|
| 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: October 1, 2025 Date Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] Totals Detailed Summary 1 Funds on Hand at the Beginning of Reporting Period (monetary only) Total Monetary Contributions (line 11) Total of Monetary Contributions & Beginning Amount (line 1 + line 2) 485.78 Total of Monetary Expenditures (line 19) | |
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| 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: October 1, 2025 Date Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] Totals Detailed Summary I Funds on Hand at the Beginning of Reporting Period (monetary only) Total Monetary Contributions (line 11) Total of Monetary Contributions & Beginning Amount (line 1 + line 2) 4 Total Monetary Expenditures (line 19) Sec. 4(1) Termination Report. (Termination Reports MUST Have a Monetary Balance of Zero in Line 5) Through October 15, 2025 Date Totals Detailed Summary I **Summary I **Total Monetary Contributions & Beginning Amount (line 1 + line 2) **485.78 Total Monetary Expenditures (line 19) **Total Monetary Expenditures (line 19) **Total Monetary Expenditures (line 19) **Total Monetary Expenditures (line 19) | |
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| 1 Funds on Hand at the Beginning of Reporting Period (monetary only) \$0 2 Total Monetary Contributions (line 11) \$485.78 3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) \$485.78 4 Total Monetary Expenditures (line 19) \$485.78 | Dama |
| 2Total Monetary Contributions (line 11)\$485.783Total of Monetary Contributions & Beginning Amount (line 1 + line 2)\$485.784Total Monetary Expenditures (line 19)\$485.78 | rage |
| 3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) \$485.78 4 Total Monetary Expenditures (line 19) \$485.78 | |
| 4 Total Monetary Expenditures (line 19) \$485.78 | |
| 1000117000000 21170000000 | |
| | |
| | $\overline{}$ |
| 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 figure permissible sources. | |
| Print Registered Agent's Name: Douglas Gilbert | |
| Registered Agent's Signature: Date: 10/27/2 | :025 |
| Print Candidate Name: Doug Gilbert | |
| Candidates Signature: Date: 10/27/20 | 025 |
| Colorado Secretary of State Form R | lev. 12/09 |

DETAILED SUMMARY

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

Current Reporting Period:

October 1, 2025

Through October 15, 2025

| Fund | s 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") | \$ 250.00 |
| 7 | Total of Non-Itemized Contributions (Contributions of \$19.99 and Less) | \$ 25.00 |
| 8 | Loans Received (Please list on Schedule "C") | \$ 210.78 |
| 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) | \$ 475.78 |
| 12 | Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions) | \$ 0 |
| 13 | Total Contributions (Line 11 + line 12) | \$ 475.78 |
| 14 | Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B") | \$ 475.78 |
| 15 | Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less) | \$ 10.00 |
| 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) | \$ |
| 19 | Total Monetary Expenditures (Total of lines 14 through 17) | \$ 485.78 |
| 20 | Total Spending (Line 18 + line 19) | \$ 485.78 |

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/I | YPE |
|---|--|
| 1. Date Accepted | 4. Name (Last, First): Robert Kaser II |
| 10/06/2025 | 5. Address: 212 Durham Court |
| 2. Contribution Amt. \$ 50.00 | |
| 00.00 | 6. City/State/Zip: Castle Pines, CO 80108 |
| 3. <u>Aggregate Amt.</u> * \$ 50.00 | 7. Description: Cash contributions |
| | 8. Employer (if applicable, mandatory): Retired |
| Check box if Electioneering | 9. Occupation (if applicable, mandatory): Retired |
| Communication | 5. Cocupation (n approved, <u>manager</u>) |
| Date Accepted | Mark Shivalov |
| 10/13/2025 | 4. Name (Last, First): Mark Shiveley |
| 2. Contribution Amt. | 5. Address: 7427 Berkeley Court |
| \$ 200.00 | 6. City/State/Zip: Castle Pines, CO 80108 |
| 3. Aggregate Amt. * | 7. Description: Cash contribution |
| \$ 200.00 | 8. Employer (if applicable, mandatory): Self employed |
| ☐ Check box if | o. Employer (if appreciate, markation). |
| Electioneering Communication | 9. Occupation (if applicable, mandatory): Investment advisor |
| Communication | |
| Date Accepted | 4. Name (Last, First): |
| | 4. Name (Last, First): |
| 1. Date Accepted | |
| Date Accepted Contribution Amt. Aggregate Amt. * | 5. Address: |
| Date Accepted Contribution Amt. \$ 3. Aggregate Amt. * \$ | 5. Address: 6. City/State/Zip: |
| Date Accepted Contribution Amt. Aggregate Amt. * | 5. Address: |
| 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if | 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): |
| 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering | 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): |
| 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted | 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): |
| 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication | 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): 5. Address: |
| 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. | 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): 5. Address: 6. City/State/Zip: |
| 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ | 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): 5. Address: 6. City/State/Zip: 7. Description: |
| 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ | 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): 5. Address: 6. City/State/Zip: |
| 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * \$ Check box if Electioneering Communication 1. Date Accepted 2. Contribution Amt. \$ 3. Aggregate Amt. * | 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 4. Name (Last, First): 5. Address: 6. City/State/Zip: 7. Description: |

* 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. Date Expended 4. Name: 48 Hour Printing 10/1/2025 5. Address: 14931 Califa St., Suite 301 2. Amount _{\$}439.55 6. City/State/Zip: Sherman Oaks, CA 91411 3. Recipient is (optional): 7. Purpose of Expenditure: Printing Committee Non-Committee ☑ Check box if Electioneering Communication 1. Date Expended 4. Name: PoliEngine LLC 10/5/2025 2. Amount 5. Address: s 35.00 6. City/State/Zip: Gainsville, FL 32601 3. Recipient is (optional): 7. Purpose of Expenditure: Website Committee Non-Committee ☑ Check box if Electioneering Communication 1. Date Expended Name: ActBlue LLC 10/12/2025 5. Address: P.O. Box 441146 2. Amount \$ 1.23 6. City/State/Zip: Somerville, MA 02144 3. Recipient is (optional): 7. Purpose of Expenditure: Credit card processing fee ☐ Committee Non-Committee ☐ Check box if Electioneering Communication 1. Date Expended 4. Name: 2. Amount 5. Address: 6. City/State/Zip: 3. Recipient is (optional): ☐ Committee 7. Purpose of Expenditure: Non-Committee ☐ Check box if Electioneering Communication 1. Date Expended 4. Name: 2. Amount 5. Address: 6. City/State/Zip: 3. Recipient is (optional): Committee 7. Purpose of Expenditure:

☐ Check box if Electioneering Communication

☐ Non-Committee

Colorado Secretary of State Form Rev. 12/09

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 PI | | | |
| City/State/Zip: Castle Pines, CO 80108 | | | |
| Original Amount of Loan: \$_0 | Interest | Rate: | 0% |
| Loan Amount Received This Reporting Period: \$ | 210.78 | | f All Loans This Reporting Period: \$\frac{210.78}{(Place on line 8 of Detailed Summary Report)} |
| Principal Amount Paid This Reporting Period: \$ | 30 | | |
| Interest Amount Paid This Reporting Period: \$ | 0 | | |
| Amount Repaid This Reporting Period: \$\(\)\$ (Amount Repaid is sum of Principal & Interest entered on Detail S | | Total R (Sum | epayments Made: \$\frac{0}{\text{ Place on line 16 of Detailed Summary}} |
| Outstanding Balance: \$ | 815.08 | | |
| TERMS OF LOAN: | 10/15/2025 Date Loan Received | | 12/31/2025 Due Date for Final Payment |
| | Date Loan Received | | Due Date for Final Fayment |

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

| Full Name | Address, City, State, Zip | Amount Guaranteed |
|-----------|---------------------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Schedule D – Returned Contributions & Expenditures

Committee to Elect Doug Gilbert Mayor

| Full Name of Committ | ree/Person: Committee to Elect Doug Gilbert Mayor |
|----------------------|--|
| (Previous) | Returned Contributions d_{ij} reported on Schedule A – Contributions accepted and then returned to donors) |
| PLEASE PRINT/TYPE | None |
| 1. Date Accepted | 4. Name (Last, First): |
| 2. Date Returned | 5. Address: |
| 3. Amount | 6. City/State/Zip: |
| \$ | 7. Purpose: |
| 1. Date Accepted | 4. Name (Last, First): |
| 2. Date Returned | 5. Address: |
| 3. Amount | 6. City/State/Zip: |
| \$ | 7. Purpose: |
| (Previously | Returned Expenditures or reported on Schedule B – Expenditures returned or refunded to the committee) None |
| 1. Date Expended | 4. Name (Last, First): |
| 2. Date Returned | 5. Address: |
| 3. Amount | 6. City/State/Zip: |
| \$ | 7. Comment (Optional): |
| 1. Date Expended | 4. Name (Last, First): |
| 2. Date Returned | 5. Address: |
| 3. Amount | 6. City/State/Zip: |
| \$ | 7. Comment (Optional): |
| | |

Colorado Secretary of State Form Rev. 12/09

Statement of Non-Monetary Contributions
[Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Committee to Elect Doug Gilbert Mayor

| None None |
|---|
| 4. Name (Last, First): 5. Address: 6. City/State/Zip: 7. Description: 8. Employer (if applicable, mandatory): Check box if Electioneering Communication 9. Occupation (if applicable, mandatory): 10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * |
| S |
| S |
| 7. Description: 8. Employer (if applicable, mandatory): Check box if Electioneering Communication 9. Occupation (if applicable, mandatory): 10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * |
| 8. Employer (if applicable, mandatory): Check box if Electioneering Communication 9. Occupation (if applicable, mandatory): 10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * 1. Date Provided 4. Name (Last, First): |
| 8. Employer (if applicable, mandatory): 9. Occupation (if applicable, mandatory): 10. □ Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * 1. Date Provided 4. Name (Last, First): |
| Electioneering Communication 9. Occupation (if applicable, mandatory): 10. □ Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * 1. Date Provided 4. Name (Last, First): |
| Communication 10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * 1. Date Provided 4. Name (Last, First): |
| 4. Name (Last, First): |
| 4. Name (Last, First): |
| 5. Address: |
| |
| 2. Fair Market Value 6. City/State/Zip: |
| |
| 3. Aggregate Amt. \$ 7. Description: |
| 8. Employer (if applicable, mandatory): |
| Check box if Electioneering 9. Occupation (if applicable, mandatory): |
| Communication 10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. * |
| |
| 1. Date Provided 4. Name (Last, First): |
| 5. Address: |
| 2. Fair Market Value |
| |
| 3. Aggregate Amt. \$ Problem of Control of C |
| 8. Employer (if applicable, <u>mandatory</u>): |
| Check box if Electioneering 9. Occupation (if applicable, mandatory): |
| Communication 10. 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."

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