Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 200
Denver, CO 80290
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Space Below For Office Use Only

RECEIVED:

OCT 27 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: (As Shown On Registration)	Robert for Castle Pines
Address of Committee/Person:	358 E. Castle Pines Pkwy., #4-170
City, State & Zip Code:	Castle Pines, CO 80108
Committee Type:	
Name and Address of Financial Institution	Search State Bank 506 Castle Pines Pkwy Castle Pines, CO 80108

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: 10/7/2025 (Date) **Through** 10/20/2025 (Date)

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] $2,356.04

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	$ 9,275.67
2	Total Monetary Contributions (line 11)	$ 400
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	$ 9,675.67
4	Total Monetary Expenditures (line 19)	$ 2,356.04
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 − line 4)	$ 7,321.78

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: Robert Hudson

Registered Agent's Signature: Robert D Hudson Date: 10/27/2025

Print Candidate Name: Robert D Hudson

Candidates Signature: Robert D Hudson Date: 10/27/2025

DETAILED SUMMARY

Full Name of Committee/Person: _____

Current Reporting Period: 10/02/2025 **Through** 10/20/2025

Funds on hand at the beginning of reporting period (Monetary Only)		$ 9,278.62
6	**Itemized Contributions $20 or More** [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	$ 400.00
7	**Total of Non-Itemized Contributions** (Contributions of $19.99 and Less)	$ 0
8	**Loans Received** (Please list on Schedule "C")	$ 0
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)	$ 9,678.62 (400.00)
12	**Total Non-Monetary Contributions** (From Statement of Non-Monetary Contributions)	$ 0
13	**Total Contributions** (Line 11 + line 12)	$ 9,678.62
14	**Itemized Expenditures $20 or More** [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	$ 2,356.94
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)	$ 2,356.94
20	**Total Spending** (Line 18 + line 19)	$ 2,356.94

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

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

Full Name of Committee/Person: Rawn For Castle Rock

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. Date Accepted 10/14/2025	4. Name (Last, First): Joseph Coppola
2. Contribution Amt. $ 400	5. Address: 1410 S. Pennsylvania Street
	6. City/State/Zip: Denver, CO 80210
3. Aggregate Amt.* $ 400	7. Description: Wire Pay
☐ Check box if Electioneering Communication	8. Employer (if applicable, mandatory): Retired
	9. Occupation (if applicable, mandatory):

1. Date Accepted	4. Name (Last, First):
2. Contribution Amt. $	5. Address:
	6. City/State/Zip:
3. Aggregate Amt.* $	7. Description:
☐ Check box if Electioneering Communication	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

1. Date Accepted	4. Name (Last, First):
2. Contribution Amt. $	5. Address:
	6. City/State/Zip:
3. Aggregate Amt.* $	7. Description:
☐ Check box if Electioneering Communication	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

1. Date Accepted	4. Name (Last, First):
2. Contribution Amt. $	5. Address:
	6. City/State/Zip:
3. Aggregate Amt.* $	7. Description:
☐ Check box if Electioneering Communication	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

* 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: Recall Town Council [illegible]

PLEASE PRINT/TYPE

1. Date Expended 10/9/2025 2. Amount $ 1,500 — 3. Recipient is (optional): ☐ Committee ☐ Non-Committee	4. Name: Focus Media Partners 5. Address: 8925 W. Tryon Pl 6. City/State/Zip: Littleton, Co 80128 7. Purpose of Expenditure: Video Production ☐ Check box if Electioneering Communication
1. Date Expended 10/15/2025 2. Amount $ ~~342~~ 371.30 3. Recipient is (optional): ☐ Committee ☐ Non-Committee	4. Name: Rally Digital 5. Address: 3982 Powell Rd, Suit #15 6. City/State/Zip: Powell, OH 43065 7. Purpose of Expenditure: Text ☐ Check box if Electioneering Communication
1. Date Expended 10/15/2025 2. Amount $ 535.48 3. Recipient is (optional): ☐ Committee ☐ Non-Committee	4. Name: Rally Digital 5. Address: 3982 Powell Rd. Suit #15 6. City/State/Zip: Powell, OH 43065 7. Purpose of Expenditure: Text ☐ Check box if Electioneering Communication
1. Date Expended 2. Amount $ 3. Recipient is (optional): ☐ Committee ☐ Non-Committee	4. Name: 5. Address: 6. City/State/Zip: 7. Purpose of Expenditure: ☐ Check box if Electioneering Communication
1. Date Expended 2. Amount $ 3. Recipient is (optional): ☐ Committee ☐ Non-Committee	4. Name: 5. Address: 6. City/State/Zip: 7. Purpose of Expenditure: ☐ Check box if Electioneering Communication