

Colorado Secretary of State
Elections Division
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Space Below For Office Use Only

RECEIVED:

OCT 29 2025

INDEPENDENT EXPENDITURE REPORT Office of the City Clerk
(1-45-107.5 (4), C.R.S.) City of Castle Pines

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: Neighbors for a Better Colorado

Committee Name: Neighbors for a Better Colorado

As Shown On Committee Registration

SOS ID NUMBER (for committees that file with the Secretary of State): 20255051159

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: _____ **Through:** _____
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: _____

Address of Home Office: _____
If reporting entity is a subsidiary entity, list the address of the parent corporation's home office.

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

Colorado Address for Registered Agent: _____

Names of Candidates Supported or Opposed by Independent Expenditures this Period, and position on each: Supporting 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: 10/29/2025

* 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: Neighbors for a Better Colorado

Reporting Period Overview

- 1 **Beginning Balance this Period (Committees):** 0
- 2 **Total Donations this Period:** 3,244.99
Monetary: 3,244.99 Non-Monetary: 0
Itemized: 3,244.99 Non-Itemized: 0
- 3 **Other Receipts (dividends, interest, etc.):** 0
- 4 **Total Independent Expenditures this Period:** 3,244.99
Monetary: 3,244.99 Non-Monetary: 0
Itemized: 3,244.99 Non-Itemized: 0
- 5 **Total Other Expenditures this Period:** 0
Monetary: 0 Non-Monetary: 0
Itemized: 0 Non-Itemized: 0
- 6 **Loans received this period:** 0
- 7 **Loans paid this period:** 0
- 8 **Returned Independent Expenditures this Period:** 0
- 9 **Returned Donations this Period:** 0
- 10 **Ending Balance (include monetary expenditures and donations only):** 0

Committee Name: Neighbors for a Better Colorado

11 **Schedule A: Donations**

Itemized Donations

1. <u>Date Accepted</u> 10/15/2025	4. Name: <u>Neighbors for a Better Colorado (527 political organization)</u>
2. <u>Donation Amt.</u> \$ 3,244.99	5. Address (Home Office): <u>2318 Curtis Street</u>
3. <u>Aggregate Amt.</u> \$ 3,244.99	6. City/State/Zip: <u>Denver, CO 80205</u>
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input checked="" type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

Committee Name: Neighbors for a Better Colorado

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

1. <u>Date Accepted</u>	4. Name: _____
2. <u>Donation Amt.</u> \$	5. Address (Home Office): _____
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: _____
<i>Please reference section 1-45-107.5 for donation reporting requirements.</i>	7. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	8. Employer (required if applicable): _____
	9. Occupation (required if applicable): _____
	10. Parent Corporation and acronyms used (required if applicable): _____
	11. All DBA Names used in Colorado (required if applicable): _____
	12. Donor's Colorado Agent Name & Address (required if applicable): _____

Non-Itemized Donations

1. Total number of non- itemized donations: 0	2. Total amount of non-itemized donations: \$ 0
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Other Receipts (dividends, interest, etc.)

1. Total number of other receipts: 0	2. Total amount of other receipts: \$ 0
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Committee Name: Neighbors for a Better Colorado

12 **Schedule B: Independent Expenditures**

Itemized Independent Expenditures

1. <u>Date Funds Obligated</u> 10/15/2025	3. Name of Recipient/Payee: <u>Premier Fulfillment and Processing</u>
2. <u>Expenditure Amt.</u> \$ 3,244.99 Check if amt. is an estimate: <input type="checkbox"/>	4. Address: <u>4841 Dillon Drive</u>
<i>Please reference section 1-45-107.5, C.R.S., for independent expenditure reporting requirements.</i>	5. City/State/Zip: <u>Pueblo, CO 81008</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>Roger Hudson - direct mail from 10/16-11/4</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: _____
	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.

Committee Name: Neighbors for a Better Colorado

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: _____
	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: _____
	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.

Non-Itemized Independent Expenditures

1. Total number of non- itemized expenditures: 0	2. Total amount of non-itemized expenditures: \$ 0
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Committee Name: _____

13 **Schedule C: Other Expenditures (non-independent expenditures)**

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address: _____
	5. City/State/Zip: _____
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Purpose of expenditure: _____

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address: _____
	5. City/State/Zip: _____
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Purpose of expenditure: _____

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address: _____
	5. City/State/Zip: _____
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Purpose of expenditure: _____

1. <u>Date of Expenditure</u>	3. Name of Recipient/Payee: _____
2. <u>Expenditure Amt.</u> \$ Check if amt. is an estimate: <input type="checkbox"/>	4. Address: _____
	5. City/State/Zip: _____
	6. <input type="radio"/> Monetary <input type="radio"/> Non-Monetary, include Description: _____
	7. Purpose of expenditure: _____

Non-Itemized Expenditures (other than independent expenditures)

1. Total number of non- itemized expenditures:	2. Total amount of non-itemized expenditures: \$
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