



City of Brighton
 500 South 4th Avenue
 Brighton, CO 80601
 303-655-2056

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 By _____

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

Full Name of Committee / Person: Collins for Brighton City Council
As shown on Registration

Address of Committee / Person: 4708 Mt Princeton St

City, State & Zip Code: Brighton CO 80601

Committee Type: Candidate

Name and Address of Financial Institution: ENT Credit Union, 2018 Prairie Center Plkwn

SOS ID NUMBER (state and county committees): _____

Type of Report:

Regularly Scheduled Filing

Amended Filing. This amends previous report filed on _____

Termination Report. (Termination Reports MUST have a Monetary Balance of Zero in Line 5)

Check this box if this Report of Contains Electioneering Communications Information

Reporting Period Covered: 9/6/25 through 10/6/25
Date Date

Declared Total Spending (if applicable): \$ 576.38
 [Art. XXVIII, Sec. 4(1)]

		Totals Detailed Summary
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ <u>40.24</u>
2	Total Monetary Contributions (Line 11)	\$ <u>1548.81</u>
3	Total of Monetary Contributions & Beginning Amount (Line 1 + Line 2)	\$ <u>1589.05</u>
4	Total Monetary Expenditures (Line 19)	\$ <u>576.38</u>
5	Funds on Hand at the End of Reporting Period (monetary)(Line 3 – Line 4)	\$ <u>1,012.67</u>

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: Rhannon Collins

Registered Agent's Signature: Rhannon Collins **Date:** 10/6/25

Print Candidate Name: Rhannon Collins

Candidate's Signature: Rhannon Collins **Date:** 10/6/25

DETAILED SUMMARY

Full Name of Committee / Person: Collins for Brighton City Council

Current Reporting Period: 9/5/25 Through ~~9~~ 10/6/25

Funds on Hand at Beginning of Reporting Period (Monetary Only)		\$ 1548.81 40.24
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]	\$ 1548.81
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)	\$ 1589.05
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ —
13	TOTAL CONTRIBUTIONS (Line 11 + Line 12)	\$ 1589.05
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 576.38
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)	\$ 576.38
20	Total Spending (Line 18 + Line 19)	\$ 576.38

SCHEDULE B – ITEMIZED EXPENDITURES STATEMENT (\$20 OR MORE)

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

Full Name of Committee / Person: _____

PLEASE PRINT/TYPE

1. Date Expended 9/9	4. Name: <u>EBRY</u>
2. Amount \$ 232.69	5. Address: _____
3. Recipient is (optional) Committee Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>mailers</u> Check Box if Electioneering Communication

1. Date Expended 9/14	4. Name: <u>Office Depot</u>
2. Amount \$ 27.67	5. Address: <u>2433 Box Prairie Center Pkwy</u>
3. Recipient is (optional) Committee Non-Committee	6. City/State/Zip: <u>Brighton CO 80601</u>
	7. Purpose of Expenditure: <u>COPIES</u> Check Box if Electioneering Communication

1. Date Expended 9/20	4. Name: <u>Jan Somewhere</u>
2. Amount \$ 12.37	5. Address: <u>119 N Main</u>
3. Recipient is (optional) Committee Non-Committee	6. City/State/Zip: <u>Brighton CO</u>
	7. Purpose of Expenditure: <u>meet? greet coffee</u> Check Box if Electioneering Communication

1. Date Expended 9/23	4. Name: <u>Good Party.org</u>
2. Amount \$ 10	5. Address: _____
3. Recipient is (optional) Committee Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>campaign tools</u> Check Box if Electioneering Communication

1. Date Expended 9/27	4. Name: <u>Jan Somewhere</u>
2. Amount \$ 13.02	5. Address: <u>119 N Main St</u>
3. Recipient is (optional) Committee Non-Committee	6. City/State/Zip: <u>Brighton CO</u>
	7. Purpose of Expenditure: <u>meet? greet coffee</u> Check Box if Electioneering Communication

SCHEDULE B – ITEMIZED EXPENDITURES STATEMENT (\$20 OR MORE)

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

Full Name of Committee / Person: _____

PLEASE PRINT/TYPE

1. Date Expended 9/27	4. Name: Amazon
2. Amount \$ 32.82	5. Address: _____
3. Recipient is (optional) Committee Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: Stakes Check Box if Electioneering Communication

1. Date Expended 9/29	4. Name: Etsy
2. Amount \$ 207.73	5. Address: _____
3. Recipient is (optional) Committee Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: mailers Check Box if Electioneering Communication

1. Date Expended 10/4	4. Name: LOWES
2. Amount \$ 32.48	5. Address: _____
3. Recipient is (optional) Committee Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____ Check Box if Electioneering Communication

1. Date Expended 10/2	4. Name: Facebook
2. Amount \$ 7.00	5. Address: _____
3. Recipient is (optional) Committee Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: Ads Check Box if Electioneering Communication

1. Date Expended	4. Name: _____
2. Amount	5. Address: _____
\$	6. City/State/Zip: _____
3. Recipient is (optional) Committee Non-Committee	7. Purpose of Expenditure: _____ Check Box if Electioneering Communication

SCHEDULE A – ITEMIZED CONTRIBUTIONS STATEMENT (\$20 OR MORE)

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

Full Name of Committee / Person: Collins for Brighton City Council

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

PLEASE PRINT/TYPE

1. Date Accepted <u>10/2</u>	4. Name (Last, First): <u>DMAR</u>
2. Contribution Amount \$ <u>400</u>	5. Address: <u>4601 DTC Blvd</u>
3. Aggregate Amount * \$	6. City/State/Zip: <u>Denver CO 80237</u>
Check box if Electioneering Communication	7. Description: <u>Check / endorsement</u>
	8. Employer (if applicable, mandatory): <u>—</u>
	9. Occupation (if applicable, mandatory): <u>—</u>

1. Date Accepted <u>10/5</u>	4. Name (Last, First): <u>Metro Housing Coalition</u>
2. Contribution Amount \$ <u>400</u>	5. Address: <u>9033 E. Easter Pl.</u>
3. Aggregate Amount * \$	6. City/State/Zip: <u>Centennial, CO 80112</u>
Check box if Electioneering Communication	7. Description: <u>check / endorsement</u>
	8. Employer (if applicable, mandatory): <u>—</u>
	9. Occupation (if applicable, mandatory): <u>—</u>

1. Date Accepted <u>10 9/29</u>	4. Name (Last, First): <u>Kester, Dan</u>
2. Contribution Amount \$ <u>100</u>	5. Address: <u>407 QUAY ST</u>
3. Aggregate Amount * \$	6. City/State/Zip: <u>Lakewood, CO 80226</u>
Check box if Electioneering Communication	7. Description: <u>EFT</u>
	8. Employer (if applicable, mandatory): <u>retired</u>
	9. Occupation (if applicable, mandatory): <u>retired</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 A – ITEMIZED CONTRIBUTIONS STATEMENT (\$20 OR MORE)
 [C.R.S. 1-45-108(1)(A)]

Full Name of Committee / Person: _____

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

PLEASE PRINT/TYPE

1. Date Accepted 8/28	4. Name (Last, First): Collins Rhannon
2. Contribution Amount \$ 100	5. Address: 4708 Mt' Princeton St.
3. Aggregate Amount * \$	6. City/State/Zip: Brighton, CO 80601
Check box if Electioneering Communication	7. Description: EFT
	8. Employer (if applicable, mandatory): Constellation Software
	9. Occupation (if applicable, mandatory): CM

1. Date Accepted 9/8	4. Name (Last, First): Hansen, Kaylynn
2. Contribution Amount \$ 100	5. Address: 426A S HOVE
3. Aggregate Amount * \$	6. City/State/Zip: Salt Lake City, UT
Check box if Electioneering Communication	7. Description: EFT
	8. Employer (if applicable, mandatory): Bad Fire Defense
	9. Occupation (if applicable, mandatory): VP, Admin & Finance

1. Date Accepted 9/18/18	4. Name (Last, First): _____
2. Contribution Amount \$	5. Address: _____
3. Aggregate Amount * \$	6. City/State/Zip: _____
Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

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SCHEDULE A – ITEMIZED CONTRIBUTIONS STATEMENT (\$20 OR MORE)
 [C.R.S. 1-45-108(1)(A)]

Full Name of Committee / Person: _____

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

PLEASE PRINT/TYPE

1. Date Accepted 9/18	4. Name (Last, First): Helleo, Molly
2. Contribution Amount \$ 50	5. Address: 5508 Longs Peak St.
3. Aggregate Amount * \$	6. City/State/Zip: Brighton CO 80601
Check box if Electioneering Communication	7. Description: EFT
	8. Employer (if applicable, mandatory): self-employed
	9. Occupation (if applicable, mandatory): yoga instructor

1. Date Accepted 9/18	4. Name (Last, First): Cartmell, Alicia
2. Contribution Amount \$ 25	5. Address: 2107 E 113th Place
3. Aggregate Amount * \$ 275	6. City/State/Zip: Northglenn, CO 80233
Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted 9/18	4. Name (Last, First): Waddell Isabel
2. Contribution Amount \$ 25	5. Address: 321 E. Oak Hollow Dr.
3. Aggregate Amount * \$	6. City/State/Zip: Ogden, UT 84401
Check box if Electioneering Communication	7. Description: EFT
	8. Employer (if applicable, mandatory): retired
	9. Occupation (if applicable, mandatory): retired

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SCHEDULE A – ITEMIZED CONTRIBUTIONS STATEMENT (\$20 OR MORE)
 [C.R.S. 1-45-108(1)(A)]

Full Name of Committee / Person: _____

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

PLEASE PRINT/TYPE

1. Date Accepted 9/8	4. Name (Last, First): Valentine Lauren
2. Contribution Amount \$ 25	5. Address: 4312 St. Shawano St
3. Aggregate Amount * \$	6. City/State/Zip: Brighton, CO 80601
Check box if Electioneering Communication	7. Description: EFT
	8. Employer (if applicable, mandatory): 271
	9. Occupation (if applicable, mandatory): Special Ed Specialist

1. Date Accepted 9/8	4. Name (Last, First): Yugel, Julia
2. Contribution Amount \$ 25	5. Address: 4814 E 110th Pl
3. Aggregate Amount * \$	6. City/State/Zip: Thornton, CO
Check box if Electioneering Communication	7. Description: EFT
	8. Employer (if applicable, mandatory): City of Denver
	9. Occupation (if applicable, mandatory): Communications Manager

1. Date Accepted 9/10	4. Name (Last, First): MORRIS, Tracie
2. Contribution Amount \$ 100	5. Address: 6916 S 3rd Ave
3. Aggregate Amount * \$	6. City/State/Zip: Brighton, CO
Check box if Electioneering Communication	7. Description: CASH
	8. Employer (if applicable, mandatory): 2000 retired
	9. Occupation (if applicable, mandatory): retired

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SCHEDULE A – ITEMIZED CONTRIBUTIONS STATEMENT (\$20 OR MORE)
 [C.R.S. 1-45-108(1)(A)]

Full Name of Committee / Person: _____

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

PLEASE PRINT/TYPE

1. Date Accepted 9/17	4. Name (Last, First): <u>Kniss Joan</u>
2. Contribution Amount \$ 40	5. Address: <u>361 Terra Vista St</u>
3. Aggregate Amount * \$	6. City/State/Zip: <u>Brighton, CO 80601</u>
Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>retired</u>
	9. Occupation (if applicable, mandatory): <u>retired</u>

1. Date Accepted 9/25	4. Name (Last, First): <u>Collins Phannan</u>
2. Contribution Amount \$ 120	5. Address: <u>4708 Mt. Princeton St</u>
3. Aggregate Amount * \$	6. City/State/Zip: <u>Brighton, W</u>
Check box if Electioneering Communication	7. Description: <u>EFT</u>
	8. Employer (if applicable, mandatory): <u>constellation software</u>
	9. Occupation (if applicable, mandatory): <u>CXM</u>

1. Date Accepted 9/30	4. Name (Last, First): <u>Thimmler Roberta</u>
2. Contribution Amount \$ 38.81	5. Address: <u>581 Farmhouse Way</u>
3. Aggregate Amount * \$	6. City/State/Zip: <u>Brighton, W</u>
Check box if Electioneering Communication	7. Description: <u>EFT</u>
	8. Employer (if applicable, mandatory): <u>retired</u>
	9. Occupation (if applicable, mandatory): <u>retired</u>

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