

Pitkin County Clerk and Recorder  
 530 E Main St., STE 104  
 Aspen, Colorado 81611  
 Phone: (970) 429-2732  
 Fax: (970) 445-3007  
 eFile address: elections@pitkincounty.com  
 Website: www.pitkinvotes.com



space below for office use only

CLERK AND RECORDER

REPORT OF CONTRIBUTIONS AND EXPENDITURES

**Full Name of Committee/Candidate:** Our Airport Our Vote  
As Shown On Pitkin County Committee Registration

**Address of Committee/Candidate:** 35 Lower Woodbridge Rd A102  
**City, State & Zip Code:** Snowmass Village, CO 81615

**Committee Type:** Issue Committee

**Name and Address of Financial Institution:** 1st Bank POBox 150397  
Lakewood, CO 80215

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:** 10/11/2024 Date Through 10/27/2024 Date

**Declared Total Spending** (if applicable) \$ 63,250.98  
[Art. XXVIII, Sec. 4(1)]

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 4,008.79
2	Total Monetary Contributions (line 11)	\$ 65,200.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 69,208.79
4	Total Monetary Expenditures (line 19)	\$ 63,250.98
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$ 5,957.81

**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: Ashley Stevens

Registered Agent's Signature: [REDACTED] Date: \_\_\_\_\_

Print Candidate Name: N/A

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Schedule A – Itemized Contributions Statement (\$20 or more)**  
 I.C.R.S. 81-45-108(1)(a); HRC § 6.6.41

Full Name of Committee/Person: OADV

**WARNING: Please read the instruction page for Schedule "A" before completing this form.**

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/15/24	4. Name (Last, First): <u>George Newell</u>
2. <u>Contribution Amt.</u> \$ <u>10,000</u>	5. Address: <u>135 Vine St</u>
3. <u>Aggregate Amt. *</u> \$ <u>10,000</u>	6. City/State/Zip: <u>Aspen, CO 81611</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>retired</u>
	9. Occupation (if applicable, mandatory): <u>retired</u>

1. <u>Date Accepted</u> 10/15/24	4. Name (Last, First): <u>Ellen Anderson</u>
2. <u>Contribution Amt.</u> \$ <u>200</u>	5. Address: <u>PO Box 456</u>
3. <u>Aggregate Amt. *</u> \$ <u>200</u>	6. City/State/Zip: <u>Woody Creek, CO 81656</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): <u>retired</u>
	9. Occupation (if applicable, mandatory): <u>retired</u>

1. <u>Date Accepted</u> 10/18/24	4. Name (Last, First): <u>Citizens Against Bigger Planes</u>
2. <u>Contribution Amt.</u> \$ <u>40,000</u>	5. Address: <u>PO BOX 5592</u>
3. <u>Aggregate Amt. *</u> \$ <u>150,000</u>	6. City/State/Zip: <u>Snowmass Village CO 81616</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 10/25/24	4. Name (Last, First): <u>Citizens Against Bigger Planes</u>
2. <u>Contribution Amt.</u> \$ <u>15,000</u>	5. Address: <u>PO Box 5592</u>
3. <u>Aggregate Amt. *</u> \$ <u>165,000</u>	6. City/State/Zip: <u>Snowmass Village CO 81616</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	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 legal authorities: Const. art. XXVIII, Sec. 3(3); Small Donor Committee – Colo. Const. art. XXVIII, Sec. 2(14); Pitkin County Candidate or Candidate(s) – HRC § 6.6.2; Political Committee Supporting or Opposing Pitkin County Candidate(s) – HRC § 6.6.2.

Schedule B - Itemized Expenditures Statement (\$20 or more)  
11-45-108(1)(a), C.R.S.1

Full Name of Committee/Person: DAOV

PLEASE PRINT/TYPED

1. Date Expended <u>10/16/24</u>	4. Name: <u>Mission Control</u>
2. Amount <u>\$ 9,624.12</u>	5. Address: <u>1024 Hebron Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Glastonbury CT 06033</u>
	7. Purpose of Expenditure: <u>mail</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/17/24</u>	4. Name: <u>Basalt Printing + Art Supply</u>
2. Amount <u>\$ 3,035.50</u>	5. Address: <u>23252 Two Rivers Rd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Basalt, CO 81621</u>
	7. Purpose of Expenditure: <u>Lit Piece</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/17/24</u>	4. Name: <u>New York Pizza</u>
2. Amount <u>\$ 224.99</u>	5. Address: <u>409 Eltyman Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Aspen, CO 81611</u>
	7. Purpose of Expenditure: <u>Event expense</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/21/24</u>	4. Name: <u>ReMix Media Group</u>
2. Amount <u>\$ 8,000</u>	5. Address: <u>PO Box 4001</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Basalt, CO 81621</u>
	7. Purpose of Expenditure: <u>Advertising</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/21/24</u>	4. Name: <u>Recht Kornfeld</u>
2. Amount <u>\$ 10,035</u>	5. Address: <u>1600 Stout St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Denver, CO 80202</u>
	7. Purpose of Expenditure: <u>legal fees</u>
	<input type="checkbox"/> Check box if Electioneering Communication

Schedule B - Itemized Expenditures Statement (\$20 or more)  
Fl-45-1081 (Rev. C.R.S.1)

Full Name of Committee/Person: OIAOV

PLEASE PRINT/TYPE

1. Date Expended <u>10/21/24</u>	4. Name: <u>Kelsy Koenig</u>
2. Amount <u>\$ 8,495</u>	5. Address: <u>3905 Clearford Ct</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Westlake Village CA 91361</u>
	7. Purpose of Expenditure: <u>digital advertising</u> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/22/24</u>	4. Name: <u>Mission Control</u>
2. Amount <u>\$ 9,660.85</u>	5. Address: <u>624 Hebron Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Glastonbury CT 06033</u>
	7. Purpose of Expenditure: <u>mail</u> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/25/24</u>	4. Name: <u>Aspen Daily news</u>
2. Amount <u>\$ 4515</u>	5. Address: <u>625 E. main St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Aspen CO 81611</u>
	7. Purpose of Expenditure: <u>advertising</u> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/25/24</u>	4. Name: <u>Mission Control</u>
2. Amount <u>\$ 9,660.52</u>	5. Address: <u>624 Hebron Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Glastonbury CT 06033</u>
	7. Purpose of Expenditure: <u>mail</u> <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended	4. Name:
2. Amount	5. Address:
\$	6. City/State/Zip:
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	7. Purpose of Expenditure:
	<input type="checkbox"/> Check box if Electioneering Communication

Schedule C - Loans

Full Name of Committee/Person: \_\_\_\_\_

**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): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

N/A

Original Amount of Loan: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Loan Amount Received This Reporting Period: \$ \_\_\_\_\_

Total of All Loans This Reporting

Period: \$ \_\_\_\_\_

(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ \_\_\_\_\_

Interest Amount Paid This Reporting Period: \$ \_\_\_\_\_

Amount Repaid This Reporting Period: \$ \_\_\_\_\_

(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ \_\_\_\_\_

(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ \_\_\_\_\_

TERMS OF LOAN:

\_\_\_\_\_ Date Loan Received

\_\_\_\_\_ Due Date for Final Payment

**LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN**

Full Name	Address, City, State, Zip	Amount Guaranteed

**Schedule D – Returned Contributions & Expenditures**

Full Name of Committee/Person: \_\_\_\_\_

**Returned Contributions**

*(Previously reported on Schedule A – Contributions accepted and then returned to donors)*

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

*N/A*

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

**Returned Expenditures**

*(Previously reported on Schedule B – Expenditures returned or refunded to the committee)*

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

**Statement of Non-Monetary Contributions**

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

Full Name of Committee/Person: \_\_\_\_\_

PLEASE PRINT/TYPE

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> 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."

**DETAILED SUMMARY**

Full Name of Committee/Candidate: \_\_\_\_\_

Current Reporting Period: 10/11/2024 Through 10/27/2024

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	4,008.79
6	Itemized Contributions of \$20 or More <small>[C.R.S. §1-45-108(1)(a); HRC §6.6.4] (Please list on Schedule "A")</small>	\$	65,200.00
7	Total of Non-Itemized Contributions <small>(Individual Contributions of \$19.99 and Less)</small>	\$	0
8	Loans Received <small>(Please list on Schedule "C")</small>	\$	0
9	Total of Other Receipts <small>(Interest, Dividends, etc.)</small>	\$	0
10	Returned Expenditures (from recipient) <small>(Please list on Schedule "D")</small>	\$	0
11	Total Monetary Contributions <small>(Total of Lines 6 through 10)</small>	\$	65,200.00
12	Total Non-Monetary Contributions <small>(From Statement of Non-Monetary Contributions)</small>	\$	0
13	Total Contributions <small>(Line 11 + Line 12)</small>	\$	65,200.00
14	Itemized Expenditures \$20 or More <small>[C.R.S. §1-45-108(1)(a); HRC § 6.6.4]</small> <small>(Please list on Schedule "B")</small>	\$	63,250.98
15	Total of Non-Itemized Expenditures <small>(Expenditures of \$19.99 or Less)</small>	\$	0
16	Loan Repayments Made <small>(Please list on Schedule "C")</small>	\$	0
17	Returned Contributions (to donor) <small>(Please list on Schedule "D")</small>	\$	0
18	Total Expenditure by third party controlled by or coordinated with a candidate, candidate committee or political party. <small>(Statement of Non-Monetary Contribution form)</small>	\$	0
19	Total Monetary Expenditures <small>(Total of Lines 14 through 17)</small>		63,250.98
20	Total Spending <small>(Line 18 + line 19)</small>	\$	63,250.98