

L I S A K R U E G E R

Lauren Tapia, District Clerk
Truckee Tahoe Airport District
10356 Truckee Airport Road
Truckee, CA 96161
re: Airport Board Seat Vacancy Letter of Interest

September 10, 2020

Dear Lauren and Truckee Tahoe Airport District Board Members,

I am excited at the opportunity to submit this letter of interest, my professional resume, and Form 700 for consideration for the appointment to fill the current Truckee Tahoe Airport District (TTAD) Board of Directors vacancy.

Fifteen years ago, my husband and I were finally able to call Truckee home. We feel so lucky to be here, a place where the community had now become family. Giving back to this community has become a core part of who I am and has reshaped my professional career becoming, a Certified Fundraising Executive.

From 2016 – 2018, I had the honor of being appointed to and serving on the Airport Community Advisory Team. (ACAT) Since leaving, I have continued to closely follow ACAT's work and that of the Tahoe Truckee Airport District.

Over the years, starting with volunteering for the Tahoe Truckee Air Show and then serving on ACAT, I understand first-hand, the work that the Tahoe Truckee Airport District does to try and maintain that balance. From acquiring and protecting open space to community outreach thru events, programs and nonprofit support. Creating dialog and ways to engage in a conversation around noise abatement to understanding the more significant impact the TTAD has on the surrounding region. This community needs strong partners to continue to thrive and grow, while maintaining the beauty and environment.

While I am not a pilot, I understand the needs and necessity of the airport, its operations, the pilots and the aviation businesses. An Airport is a considerable value to a community, and its vitality. The ability to balance all of this is never easy. I realize there will always be challenges and that not everyone will agree.

I believe that with my background, community work, coupled with my balanced approach to finding solutions and ability to be open-minded, I would make for an excellent addition to the TTAD Board of Directors

Attached is my professional resume for your review. Feel free to call me at [REDACTED] or email me at [REDACTED], if you have any further questions. Thank you again for the consideration.

Sincerely,



L I S A K R U E G E R

L I S A K R U E G E R

PROFILE

Experienced professional with a demonstrated history of working in the philanthropic, Nonprofit, Community Foundation, and Higher Education sector. An extensive background in Fund Development, Strategic Planning, Board Development, and organizational assessment as a Director, Philanthropic Solutions, Chief Development Officer, nonprofit CEO, and Marketing & Communications career in the Nonprofit and Technology sectors. Owner and President of MartisOne, a consulting firm focused on nonprofit support. Industry Speaker.

- Proven ability in identifying, cultivating and nurturing strategic relationships with clients and donors.
- Strong record of consistently overachieving revenue objectives.
- Created and executed business strategies to achieve companies' financial, sales, and growth objectives.
- In-depth knowledge of the Nonprofit, Foundation, and Education sector.
- Experience in assessing, recommending, and building comprehensive strategies.
- Software implementation experience from benchmark to installation.
- Solid understanding of the digital fundraising markets and solutions.
- Successful marketing and communication background in the software industry - startup to IPO.
- Strong operational experience in developing and implementing best practices and procedures.
- Excellent communication, presentation, and negotiating skills.
- Solid financial awareness and ability to manage budgets.
- Highly organized, detail-oriented, and able to work independently in a fast-paced environment.
- Industry speaker and instructor

PROFESSIONAL EXPERIENCE

Director, Philanthropic Solutions – Western Region, iDonate	06/19– Present
President / Owner, MartisONE	09/10 – Present
Sr. Director, Philanthropic Solutions, GiveGab (acquired Kimbia)	11/16 – 5/19
Chief Development Officer, Tahoe Truckee Community Foundation (TTCF) <ul style="list-style-type: none">• Transitioned from full-time consultant position to staff.	09/13 – 9/16
Office Manager, Jim Morrison Construction	03/11– 9/13
Chief Executive Officer, Lake Tahoe Music Festival	03/08 – 9/10

ADDITIONAL EXPERIENCE

2004 Recipient of a Commendation - State of California, Andrea Ravinett Martin Award
Silver Lake Partners, Hummer Winblad Venture Partners, Sybase, Inc - Director of Marketing

AFFILIATIONS

Association of Fundraising Professional – Sierra Nevada Chapter
Partnership for Philanthropic Planning
BoardSource – Consultant member

ACCREDITATIONS

Association of Fundraising Professional – Certified Fundraising Professional (CFRE)
Indiana University, Lilly Family School of Philanthropy – Certified Fundraising Management (CFRM)

BOARDS/ADVISORY/VOLUNTEER:

Board Member - Association of Fundraising Professional – Sierra Nevada Chapter
Past - Tahoe Truckee Airport District Community Advisory Team – (2016 - 2018)
Past - Tahoe Truckee Community Foundation Asset Development Committee (4 years)
Past - Communications Chair – Queen of Hearts Women's Fund Leadership Team
Past - Advisory Board – Development, Speaker, Climber, Alumni Coordinator - Breast Cancer Fund.
Past - Truckee Tahoe Air Show & Family Festival Committee – Sponsorship Chair – (2012, 2013, 2014)
Past - Tahoe Truckee Airport District Community Advisory Team – (2016 - 2018)

PERSONAL:

Avid Skier, Mountain Biker, Hiker, and Climber.

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Krueger Lisa Patrice

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Truckee Tahoe Airport District

Division, Board, Department, District, if applicable Your Position
Truckee Tahoe Airport District TBD

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County Nevada County / Placer County
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2019, through December 31, 2019.
- Assuming Office: Date assumed 10 / 13 / 2020
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left ____/____/_____
(Check one circle.)
- The period covered is January 1, 2019, through the date of leaving office.
- The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments – schedule attached
- Schedule A-2 - Investments – schedule attached
- Schedule B - Real Property – schedule attached
- Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule D - Income – Gifts – schedule attached
- Schedule E - Income – Gifts – Travel Payments – schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 09/10/2020
(month, day, year)

Signature Lisa Krueger
(File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Lisa Krueger

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
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NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

Comments:

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

Name
Lisa Krueger

▶ 1. BUSINESS ENTITY OR TRUST

Martis Valley Communications / BDA MartisONE

Name

Address (Business Address Acceptable)

Check one

- Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/19 ____/____/19
 ACQUIRED DISPOSED

NATURE OF INVESTMENT

- Partnership Sole Proprietorship LLC
 Other _____

YOUR BUSINESS POSITION Owner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- \$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

- None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE

- \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/19 ____/____/19
 ACQUIRED DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

- Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

The Krueger Living Trust

Name

Address (Business Address Acceptable)

Check one

- Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- \$0 - \$1,999
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/19 ____/____/19
 ACQUIRED DISPOSED

NATURE OF INVESTMENT

- Partnership Sole Proprietorship Other _____

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- \$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

- None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE

- \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/19 ____/____/19
 ACQUIRED DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

- Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
 Lisa Krueger

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

 CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____/_____/19 DISPOSED _____/_____/19

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

 CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____/_____/19 DISPOSED _____/_____/19

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Lisa Krueger

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME: Martis Valley Communications /DBA MartisONE
ADDRESS: [Redacted]
BUSINESS ACTIVITY: Consulting
YOUR BUSINESS POSITION: Owner
GROSS INCOME RECEIVED: [X] \$1,001 - \$10,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED: [X] Salary

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME: iDonate
ADDRESS: 6111 W Plano Pkwy Suite 2700, Plano, TX 75093
BUSINESS ACTIVITY: Software
YOUR BUSINESS POSITION: Director, Philanthropic Solutions
GROSS INCOME RECEIVED: [X] OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED: [X] Salary

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE: % [] None
TERM (Months/Years)
SECURITY FOR LOAN: [] None [] Personal residence
[] Real Property
[] Guarantor
[] Other

Comments:

SCHEDULE D
Income – Gifts

Name
 Lisa Krueger

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
 Lisa Krueger

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____