



Filing ID #10004717

# FINANCIAL DISCLOSURE REPORT

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Clerk of the House of Representatives • Legislative Resource Center • B-106 Cannon Building • Washington, DC 20515

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## FILER INFORMATION

**Name:** Hon. Donna M. Christensen  
**Status:** Former Member  
**State/District:** VI00

## FILING INFORMATION

**Filing Type:** Terminated Filer Report  
**Filing Year:** 2015  
**Filing Date:** 01/7/2015

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
Office building, 102 Richmond		\$250,001 - \$500,000	Rent	\$2,501 - \$5,000	<input type="checkbox"/>
LOCATION: St. Croix, VI, US					
Office building, 42 Company Street	JT	\$250,001 - \$500,000	None		<input type="checkbox"/>
LOCATION: St. Croix, VI, US					

## SCHEDULE B: TRANSACTIONS

None disclosed.

## SCHEDULE C: EARNED INCOME

None disclosed.

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	first Bank, VI	1982	Mortgage on 102 Richmonf building	\$100,001 - \$250,000

Owner	Creditor	Date Incurred	Type	Amount of Liability
	First Bank, VI, home mortgage	2012	Refinanced mortgage of E31 Questa Verde	\$50,001 - \$100,000
	Thrift Savings Program	2014	Personal loan	\$10,000 - \$15,000

## SCHEDULE E: POSITIONS

None disclosed.

## SCHEDULE F: AGREEMENTS

None disclosed.

## SCHEDULE G: GIFTS

None disclosed.

## SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

## SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Source	Activity	Date	Amount	Charity Name
Healthy Start Association	Speech	03/31/2014	\$500	Family Resource Center, St. Thomas, VI

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**IPO:** Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ Yes ☒ No

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

## COMMENTS

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Hon. Donna M. Christensen , 01/7/2015