		27 27 2016
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	<b>FORM B</b> For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Leland Christensen	Daytime Telephon <del>e</del> :	2016 AUG -3 PM 1:41
New Member of or Candidate for State:  U.S. House of Representatives District:  Candidates – Date of Election:	NY&MIYG Check if Amendment	(Office Use Only)
New Officer or Employee  Employing Office:	Period Covered: January 1,to	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUESTIONS	
A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or  b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ning the reporting period Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No P. Do you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	or arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	urs? No Ima single Yes No X
ATTACH THE CORR THIS FORM INCLUDES ONLY T	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S" O COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER		BOTH OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or dependent child?		need not be disclosed. Have you excluded from Yes 🔲 No 🔯
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ncome, or liabilities of a spouse or dependent child because they metee on Ethics.	et all three tests for Yes No X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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		۲	De Flavings and Octor	Savings-Wells Fargo	ABC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Stock		all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For partial and other real property held for investment, ppdide a complete address or description, e.g., frental property, and a city and state. For appointments in the property, and a city and state. For appointments in the pature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retiremant program, including the Thatti Savings Plan. If you have a privately-traded fund that is an Excepted finvestment Fund, please check the "Elir box." If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or froome source is that of your spouse (SP) or froome source is that of your spouse (SP) in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booldes.	k and other cash accounts, total the amount in	For all itAs and other retirement plans (such as 40/f(x) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (did not use only ticker symbols).	"uneamed" income during the year.	gard (b) any other reportable asset or source of	Identify (a) each asset held for investment or produgion of income and with a fair market value and of the months or order.	Assets and/or Income Sources	BLOCK A
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					1	1			- \$1/\$1/000	00	1	*Column M is for assets held by your spouse or dependen child in which you have no interest.	included only because it generated income, the value should be "None."	If an asset was sold during the reporting period and is	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value,		
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	7				t	1	1		TAX SEFERITED		_	accounts. Check "None" if the generated no income during the nethod		8,5		3	
					Partnership	Royalios			Other Type of Income (Specify: e.g., Parinership Income or Farm Income)			if the assor	even if reinvested, must be disclosed as income for assets held in taxable	check the Tax-Deferred column.	Check all columns that apply. For accounts that generate tax-deferred income (such as		
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									Spouse/DC Income over \$1,000,000°   ≚	L	_		Column XII is for assets held by your spouse or dependent child in which you have no interest	or or	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column, other assets indicate the category of income by checking the appropriate box below. Dividends, it	Amount of Income	BLOCK D
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						1	Ī		Spouse/DC Income over \$1,000,000°	1	1			퇗	<u> </u>		1

Use additional sheets if more space is required.

### SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the file and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income fr. Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

		mA	Amount
<b>Source</b> (include date of receipt for nonoraria)	lype	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
EXAMPLES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
SP) Telon School Dist. (401) Driggs, IDAHO	Spouse Salvany	<del>डेब   ३१</del>   १० । १०५	52,217
Skyllest Airlines	Spauso Salaura	3,216	6,432
State of Wyamina - Law Enforcement Retirement Retirement	Retinement	14.358	28,717
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#### SCHEDULE D - LIABILITIES

Name: Leland (
Christensen
Page C of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you real and a secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities over the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

				4		SP, DC, JT	
,				Bank	Example		
				Bank of Anurica	First Bank of Wilmington, DE	Creditor	
			7	1/96	5/98	Date Liability Incurred MO/YR	
				d protected (	Mortgage on Rental Property, Dover, DE	Type of Liability	
						\$10,001- \$15,000 >	
						\$15,001- \$50,000	
				Χ		\$60,001- \$100,000	
					x	\$100,001- \$250,000	$\Big]_{lackbox{ iny}}$
San San					<u>.</u>	\$250,001- \$600,000 m	Amount of Liability
						\$500,001- \$1,000,000	٦
in the same			- - - -			\$1,000,001- \$5,000,000	
						\$5,000,001- \$25,000,000	
	ryside and	1000				\$25,000,001- \$20,000,000	) M
1						Over \$50,000,000 _	

#### SCHEDULE E - POSITIONS

the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political

Position	Name of Organization
NA	

#### **SCHEDULE F - AGREEMENTS**

Name: Le land Mristenson Page 5 9

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	N/A	

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

(		
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	M	