

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Donna Christensen Campaign

ADDRESS (number and street) PO Box 5197

Check if different than previously reported. (ACC)

St. Croix VI 00823

2. **FEC IDENTIFICATION NUMBER** C00320754

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

VI

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on [] [] [] in the State of []

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on [] [] [] in the State of []

5. Covering Period 04 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sylvia Felix

Signature of Treasurer Electronically Filed by Sylvia Felix Date 10 25 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Donna Christensen Campaign

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	21440.00	35515.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	21440.00	35515.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	21785.51	42636.44
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21785.51	42636.44
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1012.22	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	28308.36	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Donna Christensen Campaign

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

16400.00

22350.00

(ii) Unitemized.....

40.00

665.00

(iii) TOTAL of contributions

16440.00

23015.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACS).....

5000.00

12500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

21440.00

35515.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

4288.63

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

4288.63

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

21440.00

39803.63

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21785.51	42636.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	21785.51	42636.44

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1357.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	21440.00
25. SUBTOTAL (add Line 23 and Line 24).....	22797.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21785.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1012.22

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate		Candidate ID Number
DONNA M CHRISTENSEN		H4VI00054
Name of Principal Campaign Committee		Committee ID Number
Donna Christensen Campaign		C C00320754
Committee Address		
PO Box 5197		
City	State	ZIP
St. Croix	VI	00823
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	39803.63	0.00
2. Aggregate amount of contributions from personal funds of the candidate	4288.63	0.00
3. Gross receipts minus the candidate's personal contributions	35515.00	0.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Donna Christensen Campaign

A. Full Name (Last, First, Middle Initial)
Paul Brathwaite

Mailing Address 13102 Jordan Endeavor Dr

City State Zip Code
Bowie MD 20720

FEC ID number of contributing federal political committee. **C**

Name of Employer Podesta Group Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 4 / 2 0 0 7

Transaction ID: SA11A1.7057

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Josefina Charaf

Mailing Address 4700 Estate Charlotte Amalie

City State Zip Code
St Thomas VI 00802

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Housewife

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.7060

Amount of Each Receipt this Period
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ricardo Charaf

Mailing Address PO box 11627

City State Zip Code
St. Thomas VI 00801

FEC ID number of contributing federal political committee. **C**

Name of Employer Insurance Unlimited Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.7047

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4650.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Donna Christensen Campaign

Full Name (Last, First, Middle Initial) A. Ricardo Charaf		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2007	
Mailing Address PO box 11627		Transaction ID: SA11A1.7059	
City St. Thomas	State VI	Zip Code 00801	Amount of Each Receipt this Period 2100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Insurance Unlimited	Occupation Owner		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4400.00		

Full Name (Last, First, Middle Initial) B. William Clyburn		Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2007	
Mailing Address 7819 12th St NW		Transaction ID: SA11A1.7052	
City Washington	State DC	Zip Code 20012	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Clyburn Consulting	Occupation Consultant		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Vic Fazio		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2007	
Mailing Address 1333 New Hampshire Ave NW		Transaction ID: SA11A1.7062	
City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Akin Gump	Occupation Government Relations		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	2850.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Donna Christensen Campaign

Full Name (Last, First, Middle Initial) A. William Graham		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address PO Box 1508		Transaction ID: SA11A1.7048	
City St. Thomas	State VI	Zip Code 00804	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Investment Security Services	Occupation President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Joel Holt		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address 132 Company Street Suite 2		Transaction ID: SA11A1.7032	
City Christiansted	State VI	Zip Code 00820	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Demetrius McDaniel		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 7	
Mailing Address 7601 Sandia Loop		Transaction ID: SA11A1.7064	
City Austin	State TX	Zip Code 78735	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Akin Gump	Occupation Partner		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Donna Christensen Campaign

A. Full Name (Last, First, Middle Initial)
Dr. Lucile Perez

Mailing Address 6419 Dahlonge Rd

City State Zip Code
Bethesda MD 20816

FEC ID number of contributing federal political committee. **C**

Name of Employer self employed Occupation
Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2007

Transaction ID: SA11A1.7033

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Geoffrey Peterson

Mailing Address 501 Slater's Lane 7

City State Zip Code
Alexandria VA 22914

FEC ID number of contributing federal political committee. **C**

Name of Employer Aventus Pastuer Occupation
Vice President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2007

Transaction ID: SA11A1.7056

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dawn E Prosser

Mailing Address PO Box 6100

City State Zip Code
St Thomas VI 00804

FEC ID number of contributing federal political committee. **C**

Name of Employer Innovative Phone Occupation
Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2300.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2007

Transaction ID: SA11A1.7050

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	3050.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Donna Christensen Campaign

A. Full Name (Last, First, Middle Initial)
Lana Vento

Mailing Address 9800 Buccaneer Mall
Number 3

City State Zip Code
St. Thomas VI 00802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Buccaneer Founders Club Executive
LLC

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.7034

Amount of Each Receipt this Period
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Francie Whittenburg

Mailing Address 5018 Estate Boetzberg Lot #60

City State Zip Code
Christiansted VI 00820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Stonetreet Group LLC Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.7035

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2600.00
TOTAL This Period (last page this line number only)	▶	16400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Donna Christensen Campaign

Full Name (Last, First, Middle Initial)
A. AMERICAN ACADEMY OF FAMILY PHYSICIANS POLITICAL ACTION COMMITTEE

Mailing Address 2021 Massachusetts Ave. NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00411553

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 7

Transaction ID: SA11C.7031

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
B. AMERICAN FEDERATION OF TEACHERS AFL-CIO COMMITTEE ON POLITICAL EDUCATION

Mailing Address 555 New Jersey Avenue NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 7

Transaction ID: SA11C.7030

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
C. DAVITA INC POLITICAL ACTION COMMITTEE ('DAVITA')

Mailing Address 601 Hawaii Street

City State Zip Code
El Segundo CA 90245

FEC ID number of contributing federal political committee. **C** C00340943

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 7

Transaction ID: SA11C.7066

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 25	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Donna Christensen Campaign

Full Name (Last, First, Middle Initial)
A. SCIENCE APPLICATIONS INTERNATIONAL CORPORATION VOLUNTARY POLITICAL ACTION COMMITTEE

Date of Receipt

Mailing Address 10260 CAMPUS POINT DRIVE F2

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 7

City State Zip Code
SAN DIEGO CA 92121

Transaction ID: SA11C.7029

FEC ID number of contributing federal political committee.
C C00300418

Amount of Each Receipt this Period
500.00

Name of Employer

Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	5000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Donna Christensen Campaign

Full Name (Last, First, Middle Initial) A. David Andrukitis Printing		Transaction ID: SB17.7083 Date of Disbursement 06 / 12 / 2007
Mailing Address 50 E St. SE		Amount of Each Disbursement this Period 449.44
City Washington State DC Zip Code 20003	Purpose of Disbursement Printing Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Evans & Katz LLC		Transaction ID: SB17.7039 Date of Disbursement 04 / 12 / 2007
Mailing Address 1831 Bay Street, SE		Amount of Each Disbursement this Period 556.02
City Washington State DC Zip Code 20003	Purpose of Disbursement Accounting Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Evans & Katz LLC		Transaction ID: SB17.7081 Date of Disbursement 06 / 09 / 2007
Mailing Address 1831 Bay Street, SE		Amount of Each Disbursement this Period 585.84
City Washington State DC Zip Code 20003	Purpose of Disbursement Accounting Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1591.30
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Donna Christensen Campaign

Full Name (Last, First, Middle Initial) A. Evans & Katz LLC		Transaction ID: SB17.7082 Date of Disbursement 06 / 12 / 2007
Mailing Address 1831 Bay Street, SE		Amount of Each Disbursement this Period 166.66
City Washington State DC Zip Code 20003	Purpose of Disbursement Accounting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Ivan Ites Promotion		Transaction ID: SB17.7078 Date of Disbursement 05 / 23 / 2007
Mailing Address PO Box 6886		Amount of Each Disbursement this Period 500.00
City Christiansted State VI Zip Code 00823	Purpose of Disbursement Event Advertising Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Latino 98		Transaction ID: SB17.7075 Date of Disbursement 05 / 24 / 2007
Mailing Address PO Box 8294		Amount of Each Disbursement this Period 3200.00
City C'Sted State VI Zip Code 00804	Purpose of Disbursement Advertising Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3866.66
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Donna Christensen Campaign

Full Name (Last, First, Middle Initial) A. Peake DeLancey Printers		Transaction ID: SB17.7037 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address 2500 Schuster Dr		Amount of Each Disbursement this Period 2000.00	
City Cheverly State MD Zip Code 20781	Purpose of Disbursement Printing	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Radio One		Transaction ID: SB17.7080 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address P.O. Box 305678		Amount of Each Disbursement this Period 1183.01	
City St. Thomas State VI Zip Code 00803	Purpose of Disbursement Advertising	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Radio One		Transaction ID: SB17.7089 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7	
Mailing Address P.O. Box 305678		Amount of Each Disbursement this Period 750.00	
City St. Thomas State VI Zip Code 00803	Purpose of Disbursement Advertising	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 004		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3933.01
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Donna Christensen Campaign

Full Name (Last, First, Middle Initial) A. St. Croix Avis		Transaction ID: SB17.7038 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7
Mailing Address PO Box 750 C'sted		Amount of Each Disbursement this Period 520.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City St. Croix State VI Zip Code 00821	Purpose of Disbursement Advertising Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Pruitt Group		Transaction ID: SB17.7084 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 420 Seventh St NW Suite 823		Amount of Each Disbursement this Period 928.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20004	Purpose of Disbursement Reimb.- Catering Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. WJKC-FM Radio		Transaction ID: SB17.7087 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO Box 25680		Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Christiansted State VI Zip Code 00824	Purpose of Disbursement Advertising Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4448.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Donna Christensen Campaign

Full Name (Last, First, Middle Initial) A. WMNG FM		Transaction ID: SB17.7076 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address PO Box 25880 Christiansted		Amount of Each Disbursement this Period 1476.00
City St Croix State VI Zip Code 00824	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertising Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. WSTA		Transaction ID: SB17.7074 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address PO Box 1340		Amount of Each Disbursement this Period 415.94
City St. Thomas State VI Zip Code 00804-1340	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertising Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. WSTA		Transaction ID: SB17.7073 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address PO Box 1340		Amount of Each Disbursement this Period 706.24
City St. Thomas State VI Zip Code 00804-1340	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertising Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2598.18
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Donna Christensen Campaign

Full Name (Last, First, Middle Initial) A. WSTA		Transaction ID: SB17.7086 Date of Disbursement 06 / 26 / 2007
Mailing Address PO Box 1340		Amount of Each Disbursement this Period 706.24
City St. Thomas State VI Zip Code 00804-1340	Purpose of Disbursement Advertising Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. WSTX-FM		Transaction ID: SB17.7043 Date of Disbursement 04 / 27 / 2007
Mailing Address PO Box 26680		Amount of Each Disbursement this Period 2976.00
City St Croix State VI Zip Code 00824	Purpose of Disbursement Advertising Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. WVIQ FM		Transaction ID: SB17.7077 Date of Disbursement 05 / 25 / 2007
Mailing Address P.O. Box 93867		Amount of Each Disbursement this Period 1376.00
City St Croix State VI Zip Code 00824	Purpose of Disbursement Advertising Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	5058.24
TOTAL This Period (last page this line number only) ▶	21495.39

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 19 / 25
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Donna Christensen Campaign

Transaction ID: SC/10.6203

LOAN SOURCE Full Name (Last, First, Middle Initial) DONNA M CHRISTENSEN, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 222541	
City St. Croix State VI ZIP Code 00822	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	300.00	200.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 04 D D 18 Y Y Y Y 2006		% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="200.00"/>
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Donna Christensen Campaign

Transaction ID: SC/10.6958

LOAN SOURCE Full Name (Last, First, Middle Initial)

DONNA M CHRISTENSEN, - Personal funds

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address PO Box 222541

City St. Croix State VI ZIP Code 00822

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4288.63	0.00	4288.63

TERMS

Date Incurred: Date Due: Interest Rate: % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	4288.63
TOTALS This Period (last page in this line only)	4488.63

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 / 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Donna Christensen Campaign

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ackley Media	Nature of Debt (Purpose): Advertising
Mailing Address PO Box 305678	
City State ZIP Code St Thomas VI 00803	

Outstanding Balance Beginning This Period 800.00	Transaction ID: SD10.6943	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor David Andrukitis, Inc.	Nature of Debt (Purpose): Printing
Mailing Address 50 E Street, SE	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period 324.60	Transaction ID: SD10.6960	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 324.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Democratic National Committee	Nature of Debt (Purpose): Media Production
Mailing Address 430 S Capitol St SE	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period 1800.00	Transaction ID: SD10.6941	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1800.00

1) SUBTOTALS This Period This Page (optional).....	2924.60
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Donna Christensen Campaign

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hanna Hunt	Nature of Debt (Purpose): Fundraising Consulting Services
Mailing Address 417 New Jersey Ave., SE	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period 750.00	Transaction ID: SD10.6934	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 750.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Latino 98	Nature of Debt (Purpose): Advertising
Mailing Address PO Box 8294	
City State ZIP Code C'Sted VI 00804	

Outstanding Balance Beginning This Period 3500.00	Transaction ID: SD10.6932	
Amount Incurred This Period 0.00	Payment This Period 3200.00	Outstanding Balance at Close of This Period 300.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Peake DeLancey Printers	Nature of Debt (Purpose): Printing
Mailing Address 2500 Schuster Dr	
City State ZIP Code Cheverly MD 20781	

Outstanding Balance Beginning This Period 4453.00	Transaction ID: SD10.6935	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 2453.00

1) SUBTOTALS This Period This Page (optional).....	3503.00
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Donna Christensen Campaign

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ritz Carlton St. Thomas	Nature of Debt (Purpose): Catering
Mailing Address 690 Great Bay	
City State ZIP Code St. Thomas VI 00802	

Outstanding Balance Beginning This Period 7000.00	Transaction ID: SD10.4381	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Specialties, Inc	Nature of Debt (Purpose): Printing
Mailing Address 3615 Wisconsin Ave NW	
City State ZIP Code Washington DC 20016	

Outstanding Balance Beginning This Period 611.63	Transaction ID: SD10.6937	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 611.63

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WJKC-FM Radio	Nature of Debt (Purpose): Advertising
Mailing Address PO Box 25680	
City State ZIP Code Christiansted VI 00824	

Outstanding Balance Beginning This Period 4285.00	Transaction ID: SD10.6929	
Amount Incurred This Period 0.00	Payment This Period 3000.00	Outstanding Balance at Close of This Period 1285.00

1) SUBTOTALS This Period This Page (optional).....	8896.63
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Donna Christensen Campaign

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WMNG FM	Nature of Debt (Purpose): Advertising
Mailing Address PO Box 25880 Christiansted	
City State ZIP Code St Croix VI 00824	

Outstanding Balance Beginning This Period 2476.00	Transaction ID: SD10.6928	
Amount Incurred This Period 0.00	Payment This Period 1476.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WSTX-FM	Nature of Debt (Purpose): Advertising
Mailing Address PO Box 26680	
City State ZIP Code St Croix VI 00824	

Outstanding Balance Beginning This Period 2976.00	Transaction ID: SD10.6930	
Amount Incurred This Period 0.00	Payment This Period 2976.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WSTX 970 AM	Nature of Debt (Purpose): Advertising
Mailing Address PO Box 224469 c'sted	
City State ZIP Code St. Croix VI 00822	

Outstanding Balance Beginning This Period 6395.50	Transaction ID: SD10.6927	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6395.50

1) SUBTOTALS This Period This Page (optional).....	7395.50
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 / 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Donna Christensen Campaign

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor WVIQ FM	Nature of Debt (Purpose): Advertising
Mailing Address P.O. Box 93867	
City State ZIP Code St Croix VI 00824	

Outstanding Balance Beginning This Period	Transaction ID: SD10.6931	
2476.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	1376.00	1100.00

1) SUBTOTALS This Period This Page (optional).....	1100.00
2) TOTALS This Period (last page this line number only).....	23819.73
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	