|   | E NACE   | Page 1 of S   |
|---|--|---|
| FINANCIAL DISCLOSURE STATEMENT  | For New Members, Candidates, and New Employees   | LEGISLATIVE RESOURCE CENTES   |
| Name: Geoffrey M. Young   | Daytime Telephon <sup>-</sup>  | U.S. HOUSE OF REPRESENTATIONS   |
| New Member of or Candidate for State: KY  U.S. House of Representatives District: 6  Candidates – Date of Election: Pri Mary 5  | Check if Amendment   | (Office Use Only)   |
| STATUS  New Officer or Employee Staff Filer  Employing Office: Shared   | Staff Filer Type (If Applicable): Shared Principal Assistant to 5/22/18  | A \$200 penalty shall be assessed against any<br>Individual who files more than 30 days late. |
| PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS   | 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. Receive 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?                                       | the reporting has No Ves No Ves   |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?  | No F. Did 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? | the current catendar Yes 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?  | \$5,000 from a Yes No V   |
| ATTACH THE CORRE  | ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE  | COMPLETE  |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS  | NFORMATION - ANSWER <u>BOTH</u> OF THESE   | QUESTIONS   |
| 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 that benefits you, your spouse, or dependent child? | n Ethics and certain other "excepted trusts" need not be disclosed. H  | ave you excluded Yes No No  |
| EXEMPTION Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.                                      | come, or liabilities of a spouse or dependent child because they meet all three tests for<br>se on Ethics.   | t all three tests for Yes No V  |

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Geoffrey M. Young

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|                       |  |  |                      | •                | Š               | 8        | For mon  | \$ 50  | G P  | inco Mil  | 2 0 0 E  |                  |         |
|-----------------------|--|--|----------------------|------------------|-----------------|----------|--|--|--|---|--|------------------|---------|
| New At                | Fixelity   | Ky Det   |                      | Examples         |                 |          | For bank and other cash accounts. \$5,000 ist every financial instruction sist every financial instruction. \$1,000 in interest-be provide a complete real proper provide a complete address. Trental property," and a city and fival is not publicly traded, at business, the nature of its geographic location in Bloot A. Exclude: Your personal reside homes and vecation homes (with the provided of the pr | all IRAs and<br>k) plans) provic<br>vocount that exc   | Provide complete names of stoc<br>(do not use only licker symbols).                          | which generated more income during the year.  | identity (a) each asset held production of income and with exceeding \$1,000 at the end of early (b) any other reportable ease.  | Assets and       |         |
| New Alternatives Fond | y JAPAN  | deferred 6mf.                                    | ABC Hedge Fund       | Simon & Schuster | Maga Corp Stock |          | If the total the art if the total all the total all the total station where seting eccounts by head for inversely-head description state. I activities, is activities, is activities the name if activities are of from, a red from, a head with anyour spouse ( head with anyour in left.   | For all IRAs and other retirement plans (such ex 401(k) plans) provide the value for each easet held in the account that exceeds the reporting thresholds. | Provide complete names of stocks and mutual funds<br>(do not use only licker symbols).       | 9 man \$200 in  | a fair m   | Vor Incom        | BLOCK A |
|                       |  |  | ×                    | 1                |                 | 平        | there is the condition of the condition    | 2 2  | 2  | Deumenu.  | Períor   | 2                |         |
| _                     |  |  |                      | -                |                 | 7        | # >9   | 75.5   | بالترب   |   |  |                  |         |
|                       |  |  |                      | +-               | Ť               | 1        | \$1-\$1,000 %  | 1  | 200  | None."  | o da da  |                  |         |
|                       |  |  |                      | 3                |                 |          | \$1,001-\$15,000   | 1  | A S  | CE L  | indicate value of asset at<br>use a valuation method of<br>specify the method used<br>if an asset was sold during  |                  |         |
|                       |  |  |                      | incierinte       |                 |          | \$15,001-\$50,000 0  |  | you de   | *   |  |                  |         |
| ×                     | X  |  | <del>}</del>         | ∳<br>            | *               |          | \$50,001-\$100,000 m   | 1  | 7  | 767   | etrod<br>Lusec   | <b>\$</b>        |         |
|                       |  | X  |                      |                  |                 |          | \$100,001-5280,000   |  | 3 4  | 8.  |  | =                | 2       |
|                       |  |  | ×                    | 1                |                 |          | \$250,001-\$500,000 ©  | _  | *Column M is for assets held by y<br>child in which you have no interest.                    | only because it generated income. "None."   | T ST OF  | 2                | BLOCK B |
|                       | ļ  |  | 1                    | 1                | ļ               | _        | \$500,001-\$1,900,000 ±  | 4  | "Column M is for assets held by your spouse or depender child in which you have no interest. | 3   | indicase value of asset at close of the reporting period. If you use a valuation meditod other than fair market value, please specify the method used.  If an asset was acid during the reporting period and is included if an   | Value of Asset   | 70      |
|                       | -  |  | <u>}</u>             | -                | ╁               |          | \$1,000,001-\$5,000,000 -  | _  | 8  | \$  | penc men   | . *              |         |
|                       | 1  |  | <u> </u>             | 1                | <del> </del>    |          | \$5,000,001-\$25,000,000   | -  | 5<br>9   | alue  | Ket va   |                  |         |
|                       | ļ  | <b> </b>   | -                    |                  | ╁               |          | \$25,000,001-\$50,000,000 ×  | -  | 8  | the value should  | alue,  |                  |         |
| +                     |  |  |                      | -                | -               |          | Spoune/DC Asset over \$1,000,000*  | -  | 970  | . E   | pleas<br>pluce   | 1                |         |
|                       |  |  |                      | i i              | ۲               |          | NONE   | +-   |  |   |  |                  |         |
| <b>×</b>              | ~  | ×  | <b></b>              | -                | \_ <u>×</u>     |          | DIVIDENDS  |  | None" If the asset gene<br>during the reporting period                                       | repress, and captur gene, ereinvested, must be disclosed as for assets held in taxable accounts | 1 E 0  |                  |         |
| 1                     |  | ļ -  | -                    | +                |                 |          | RENT   | 1  | ₹ <b>3</b> 7   |   | TO CO  | :<br>. ••••1     |         |
|                       |  |  | 1                    |                  | 1               | $\dashv$ | INTEREST   | 1  | portin   | d, must be dis  | ck all columns to<br>generate tax-de<br>(k), IRA, or 529 a<br>Tax-Deferred   | Type of Income   | _       |
| $\Rightarrow$         | ×  | <b>×</b>   | <del></del>          | +                | 1               |          | CAPITAL GAINS  | _  | 0 per 0  |   | A CONTRACTOR   | 9                | BLOCK C |
| 1                     |  | <del>`</del>                                     | 1                    | -                |                 | $\dashv$ | EXCEPTED/BLIND TRUST   | 1  | jo di  | A 20 00   | ex apply<br>femad in<br>column)  | , <u>इ</u>       | č       |
|                       | t  | $\overline{\mathbf{x}}$                          | Ť · · ·              | <del>}</del>     | 1               |          | andress from the control of the cont   |  |  | closed a  | you T  | , ă              |         |
|                       |  |  | Parmership<br>Income | Royathas         |                 |          | Other Type of Income (Specify: e.g., Partnership Income or Farm Income)  |  | "None" if the asset generated no income during the reporting period.                         | as income<br>mis. Check   | 2507   |                  |         |
| 1                     |  |  |                      |                  |                 |          | None   |  |  | _   |  |                  | •       |
|                       |  |  |                      | Ţ                | >               | <b>、</b> | \$1-5200   |  |  | Calumn XII  | For assets for<br>assets indica<br>capital gains<br>Check None   |                  |         |
|                       | <u> </u>   | ļ  | -                    | - i              | _               |          | \$201-\$1,000  |  |  | ¥   | dica<br>man  |                  |         |
| <del></del>           |  | <del> </del>                                     | :                    | <u>.</u>         | <del> </del>    | _        | \$1,001-\$2,500  | ,  |  | is for assets held by your spouse or dependent child in which you have no interest              | For assets for which you checked "fax-Deferred" in Block C, you may check the "None" column. For all othe<br>assets indicate the category of income by checking the appropriate box below. Dividends, inferrest, an<br>capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts<br>Check "None" if no income was semed or generated. |                  |         |
| $\simeq$              |  | -  | F<br>+               | ×                | +               |          | \$2.501-\$5,000 < \$5,001-\$15,000   | il   |  | issets  | n If p   |                  |         |
| +                     |  | ×  | ×                    | 3                | +               |          | \$5,001-\$15,000 S<br>\$15,001-\$80,000 S  |  |  | 3   | don'y  |                  |         |
| 1                     |  |  |                      | 1                | 1               | -        | \$15,007-\$50,000 \S<br>\$50,001-\$100,000 \S  |  |  | \$  | 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5  |                  |         |
| 1                     | 1  | -  | 1                    | Service of       | T               |          | \$100,001-\$1,000,000  | 1  |  | our s   | Tax-   |                  |         |
|                       |  |  | 1                    |                  | Ī               |          | \$1,000,001-\$5,000,000 ×  |  |  | 2005  |  | À                |         |
|                       |  |  | -                    | 1                |                 |          | Over \$5,000,000 %   |  |  | or d  | which you checked "fax-Deferred" in Block C. you may check the "None" column, in the category of income by checking the appropriate box below. Dividends, is even if retirested, must be adectosed as income for assets held in taxable if no income was earned or generated.  | Amount of Income | 200     |
| _                     | <u> </u>   |  | -                    | 1                |                 |          | Spouse/DC Income over \$1,000,000° ≦   | 4  |  | epen  | 20 S   | <b>∄</b>         | BLOCK D |
|                       | <del>                                     </del> | $\bowtie$  | -                    | 1                | 1               | _        | None   |  |  | 2   | # # B C  | Ę                | ¥       |
| <del></del>           | ┼  | <del>                                     </del> | -                    | •                | +.              | _        | \$1-1200 =   |  |  |   | Poor -   | Ĕ                |         |
| ×                     | ×  | -  | 1                    | 1                | *               | •        | t+ rot. \$7.600  | _ [  |  | 5   | 2 C C C C C C C C C C C C C C C C C C C  | •                |         |
| +                     |  |  |                      | +                | +               |          | \$2,501-\$5,000  | 3  |  | χής.<br>Υ   | STREET   |                  |         |
| -                     | <del> </del>                                     | <del> </del>                                     | <del> </del>         | <u>~</u>         | +               |          | \$5,001-\$15,000 S   | Pracading Year   |  | <u>s</u>  | olow.  |                  |         |
|                       |  |  | ×                    | i                | 1               |          | \$15,001-\$50,000 \$   | 3  |  | 2 a a a   |  |                  |         |
|                       |  |  | {                    | ì                | $oxed{\Box}$    |          | \$50,001-\$100,000 <u>\$</u>   | Š I  |  |   | in de cont   |                  |         |
|                       |  |  |                      | $\perp$          | L               |          | \$100,501-\$1,000,000 🖂  | ۱'   |  | Neg t   | 2 E  |                  |         |
|                       |  |  |                      |                  |                 |          | \$1,000,001-\$5,000,000  | ı  |  |   | n. For all oth<br>Intervet, an<br>Ne soccurs   |                  |         |
|                       | <del> </del>                                     | <del>                                     </del> | ļ                    | -                | +               |          | Owr \$5,000,000  |  |  |   | For all oth<br>Hereet, an<br>e account   |                  |         |
| e.                    | 1  |  | į                    |                  | 1_              |          | Spouse/DC Income over \$1,000,000" ≦   |  |  |   | 727  |                  |         |

### SCHEDULE C - EARNED INCOME

Name: 6014rey M. Young Page 3 of 5

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 filer 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 Guerd 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 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. 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.

| Source (include date of receipt for honoraria)  ABC Trisde Association, Ballsmore, MD (July 15)  State of Mary Andread (Oct. 2)  Ontario County Board of Education | Type  Honoratum Salary Spouse Speech Spouse Salary | Am<br>Current Year to Filing<br>50<br>\$20,000<br>NA | Amount Preceding Year \$500 \$1000 NA  |
|--|--|--|--|
| Kentucky Retirement Systems  | lens ion   | \$3,248  | \$4,872  |
|  |  |  |  |
|  |  |  |  |
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#### SCHEDULE D - LIABILITIES

Name: Geoffroy M. Young

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exceeded \$10,000. 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 rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, 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.

|            |    |   |      |  | 55.8                                   |      |                     |
|------------|----|---|------|--|--|------|---------------------|
|            |    |   | None | Example                                |  |      |                     |
|            |    |   | e    | First Bank of Wilmington, DE           | Creditor                               |      |                     |
|            |    |   |      | 5/98                                   | Date<br>Liability<br>Incurred<br>MO/YR |      |                     |
|            |    |   |      | Mortgage on Rental Properly, Dover, DE | Type of Liability                      |      |                     |
|            |    |   |      |  | \$10,001-<br>\$15,000                  | Þ    |                     |
|            |    |   |      |  | \$15,001-<br>\$50,000                  | 00   |                     |
|            |    |   |      |  | \$50,001-<br>\$100,000                 | C    |                     |
|            |    |   |      | *                                      | \$100,001-<br>\$250,000                | 0    |                     |
|            |    |   |      |  | \$250,001-<br>\$500,000                | Tan- | moun                |
|            |    |   |      |  | \$500,001-<br>\$1,000,000              | 71   | of L                |
|            |    |   |      |  | \$1,000,001-<br>\$5,000,000            | 6    | Amount of Liability |
|            |    |   |      |  | \$5,000,001-<br>\$25,000,000           | æ    |                     |
|            |    |   |      |  | \$25,000,001-<br>\$50,000,000          | _    |                     |
|            |    |   |      |  | Over \$50,000,000                      |      |                     |
| <b>!</b> — | ě. | l | ı    | 1                                      | Over \$1,000,000*                      |      | 1                   |

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, pertnership, 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 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 the current calendar year and two previous years.

| period and the current category year: Francisco Category | Position Position |
|--|-------------------|
| None   |                   |
|  |                   |
|  |                   |
|  |                   |
|  |                   |

#### SCHEDULE F - AGREEMENTS

| Name: broffre |
|---------------|
| & M. Young    |
| Page 5 of 5   |
| er<br>(5)     |

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

| Date | Parties to Agreement       | Terms of Agreement       |
|------|----------------------------|--------------------------|
| 2005 | 2005 Ky. Retirement System | Month 17 pension = \$406 |
|      |                            |                          |
|      |                            |                          |
|      |                            |                          |
|      |                            |                          |
|      |                            |                          |
|      |                            |                          |

# 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.

| government and any mornisation considered communities as a result of a privileged tradition in the softward by term to the separate government and any more by terms. | PRINTER CONTRACT OF THE CONTRACT OF THE CONTRACT |
|---|--|
| Source (Name and City/State)  | Brief Description of Duties  |
| Example: Doe Jones & Smith, Hometown, Homestate   | Accounting Services  |
|   |  |
|   |  |
|   |  |
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