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 your dependent child? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the IPO - Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. exceeding \$1,000 during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS exchange any securities or reportable real estate in a transaction A Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS UNITED STATES HOUSE OF REPRESENTATIVES Name: Donald Edwin Young 2014 FINANCIAL DISCLOSURE STATEMENT REPORT TYPE end of the reporting period? or b. Make more than \$200 in unearned income from any reportable FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the asset during the reporting period: 2014 Annual (Due: May 15, 2015) U.S. House of Representatives Member of or Candidate for State: Alaska. District: At Large. Yes Yes Yes Yes Yes Daytime Telephone: 202-225-5765 Amendment 중 ₹ Z. 몽 Z For Use by Members, Officers, and Employees 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period? Form A Employee Officer or Employing Office: Termination Date of Termination: U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 2015 MAY 15 PM 1: 43 Office Use Only DELIVERED 10 Yes Yes š és ě Yes ĕ 몽 Š 중 ᇂ \$ ĕ Š S Z < < <

SCHEDULE A ASSETS & "LINEARNED INCOME"

Indicate if #	The assets for which were absorbed "Tay-Defender" in Black C. which	Chart all columns that apply for accounts that	Charlifty (a) such accord hold for insustriant or inclinate union of second of close of the secondary had been such as a contract of the secondary in the the seconda	identific (a) each asset held for incentment of
Transaction	Amount of Income	Type of Income	Value of Asset	Asset and/or income Source
BLOCK E	BLOCK D	BLOCK C	BLOCK B	BLOCK A
ā	Young Page 2 of 10	Name: Donald Edwin Young		SCHEDULE A - ASSETS & UNEAKNED INCOME

	Retinen Find for Grants				Denali Gredit Union	ABC Hedge Fund X	Examples: Simon & Schuster	SP, SP Mega Corp. Stock Est	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any fearable interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state.	For bank and other cash accounts, total the amount in 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 all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset had in the account that exceeds the recording thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	and (b) any other reportable asset or source of income that generated more than \$200 in 'unearned' income during the year.	identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period.	Asset and/or income Source	BLOCK A
				X					None						>-	<u> </u>					
									\$1-\$1,000						G 0		you have no interest.	asse ¥ eem	. Eggs ×		ı
							Indefinite		\$1,001-\$15	,000,					ი		0 71 8	gener gener	netho:		ı
$ \nabla$					\mathbf{x}		8		\$15,001-\$5	0,000					0	1	a A	sold	othe ses		
								×	\$50,001-\$1	00.000					m	ł		durir moom	r ther	_	
	-	∇	X	_		\vdash			\$100,001-\$							ł		by y	tair n	alue	œ
	Y	\cap				×	-		\$250,001-\$						<u>.</u> எ	ĺ		If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which	Indicate value of easet at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	BLOCK B
-				_		┝			\$500,001-\$	1,000,000								should remove	value Quant	ASS	B
			_			_			\$1,000,001	-\$5,000,000			 .			1		o de	y, pies	*	
_			H						\$5,000,001	-\$25,000,000		-	-			1		None	sta sta		
		-	 						\$25,000,00	1-\$50,000,000					×	1		5 2 8	¥ in a		ı
									Over \$50,0	00,000						i		d in w	至		
									Spouse/DC	Assal over \$1,	000,000*				E	1			usa a		ı
Г		X	X		X				NONE							-	period.				┪
	X			X				×	DIVIDEND	\$						•	ğ	asset ass			ı
									RENT							1		8 1 1 N			
X							_		INTEREST			· · · · ·				1		dend dend menatr	, you	₹	ı
									CAPITAL G	AINS						1		S = = = = = = = = = = = = = = = = = = =		Pe o	쨷
		· · · ·							EXCEPTED	VBLIND TRUS						1			Check all columns that apply. generate tax-deferred income (su 529 accounts), you may check	Type of Income	BLOCK C
								ľ	TAX-DEFE	RRED					· · ·	1		TO GE ST	X 62 7	×	ï
						Partnership Income	Royaltes		Other Type (Specify: e.	of Income g., Partnership	income or F	arm income)						income 'None' reporting	Check all columns that apply. For accounts that generate tax-deferred income (such as 40)(k), IRA, or 529 accounts), you may check the "Tax-Deferred"		
		X	X	_	×				None							5	င့်	Divid must accor	may c		
			L	_					\$1-\$200							In which you have no interest	ag X	Dividends, must be o accounts. generated.	oy or seems		
			ļ	X				<u></u>	\$201-\$1,00							, š	<u>=</u> ਛ	요호를	the s		ı
X								×	\$1,001-\$2,				-·· · · · · · · · · · · · · · · · · · ·		₹	<u> </u>	7 8586	storest, and capital gains, even if closed as income for assets held Check "None" if no income was	A PLANT	>	I
<u> </u>	X	_	_		Щ	Ŀ		<u> </u>	\$2,501-\$5,							ater ex	₹ 2	Non and	한 <u>라</u> 소 6 년 5 년	INOU	
		<u> </u>	<u> </u>						\$5,001-\$15						<u> </u>	, [*]	g.	come T	ecked ecked	Amount of Income	BLOCK D
<u>. </u>			<u> </u>		_				\$15,001-\$5						≦		S TO	2 5 5	1 100 11 12 12 12 12 12 12 12 12 12 12 12 12	ğ	Ĝ
<u></u>	_	<u> </u>	ļ				_	ــ	\$50,001-\$1							Į	Semod	ins, e	adde Other	Ome	
	<u> </u>		<u> </u>		Щ	<u> </u>	_	\vdash	\$100,001-\$								Q de	* * * *	asse opriat		
_		ļ	<u> </u>		H	L				-\$5,000,000					×	Į	pend	8 2 <u>5</u>	Pod and	!	
	L		_				<u> </u>	 	Over \$5,00		ma nuar 64	000 000*	,		<u>×</u>	ł	Column XII is for assets held by your spouse or dependent child	Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below.	•	Į
-	H	-	<u> </u>			-	-	Ø		Asset with Inco	nine (Prefi \$1	Ucri, uvu,			절 그리도 한 연구					-	4
								S(part)	P, S, S(part), or E	· · · · · · · · · · · · · · · · · · ·		,			Leeve this column blank if there are no transactions that exceeded \$1,000.	an asset was sold, please indicate as follows: (S (pert)).	period.	sales (S), or exchanges (E) exceeding \$1,000 in the reporting	Indicate if the asset had purchases (P),	Transaction	BLOCK E

		Т	Т	Τ	Т	T	$\overline{}$	Т			-	_	Τ			ងន្ត	48		
				~				Tums LLC	El Dorado Arizona	, - 18A	Corpressional Fox		Congressi and FCLL	Congressional Fou	At Armonent Fund	ASSET NAME			Asset and/or Income Source
		\vdash	\vdash	╁╴	╁	╁	+	╁	╫	├	-		i-		_	<u> </u>	9	·	
	***	┢			1.	T	+	Τ.	+	<u> </u>					X			None >	
\dashv	•	 	╁╌	<u> </u>	+	+	╫	+	╁╌	├		├		┢		\vdash		\$1.81.000	
4		_	↓	-	╄	+	\bot	\downarrow	┼	├		<u> </u>	ļ	<u> </u> _		ļ			
		ļ			L			\perp	<u> </u>		X			<u> </u>				\$1,001-\$15,000	
							\perp											\$15,001-\$50,000	
╛				_	$oldsymbol{\perp}$				×				X					\$50,001-\$100,000 m	<u>Ya</u>
										<u> </u>				X	<u> </u>			\$100,001-\$250,000	Value of Asset
								<u> </u>										\$250,001-\$500,000 a	Ş.
																		\$500,001-\$1,000,000 ±	ssei
						Γ												\$1,000,001-\$5,000,000	
		ļ ,																\$5,000,001-\$25,000,000 c	
								T										\$25,000,001-\$50,000,000 ×	
╗						T		Τ			П							Over \$50,000,000 -	
٦			Г		T		T	T	╁	1								Spouse/DC Asset over \$1,000,000*	
					1	Τ	†	T										NONE	
٦		T	1	T	+	T	 	1			X		X	X	X		_	DIVIDENOS	
┪		1	T	1	T	T	T	T		1	·		<u> </u>					RENT	
┪			T		\top	t	T	t	\dagger					\vdash				INTEREST	7
┪		ļ	 -	1	╁	\dagger	+-		S	┪				 			İ	CAPITAL GAINS	Type of Income
1		┢	├	T	+	╁╌		SALKO									į	EXCEPTEO/BLIND TRUST	oe of Inco
┪	,		\vdash	t	╁	\dagger	3	3	+	-	l	_	-	-			H	TAX-DEFERRED	20
							200	diusk	X						-			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	ត
-	-	 	┝	┢	+	┿	+	┿	╁	-		_		-		_		None _	
-		├-	├	-	╀	+-	+-	╁	+	⊢							H	#4 #000	
┥		 	├	╁	╁╾	┿	+	╀		-						\vdash	Н	ACAM BA ANA	
4			┢	-	╁	╁	+-	╁		├		ļ	Y				H	41,001,00,500	
4		-	├	-	╀	-	+	╁	┿			-			^	<u> </u>	L	An Pau Ar and	¥
4		<u> </u>	┢	-	+	╀	+	┿	 	<u> </u>		_	<u> </u>	<u> </u>		-	Н	A	Amount of income
4		-	┝	 	\perp	\bot	+	\perp	+	├				<u> </u>			Ц	\$5,001-\$15,000	unt of inc
4		<u> </u>	ļ	<u> </u>		1		ļ	 	<u> </u>				_	L	1	Ц	\$15,001-\$50,000 <u>≤</u>	ā
4		<u>L</u>	ļ	<u> </u>	ļ	1	1	↓_	_	<u> </u>			<u> </u>			\sqcup	Ц	\$50,001-\$100,000 ≦	ğ
4		 			_	1	\bot	_	_	ļ						Ш	Ш	\$100,001-\$1,000,000 R	Φ.
_	,	<u> </u>		<u> </u>	1_	1	_	_		<u> </u>						Ц	Ĺ	\$1,000,001-\$5,000,000 ×	
\perp		<u> </u>	<u> </u>	_		ļ	\perp		_	_			<u> </u>	_	$ldsymbol{ld}}}}}}}}}$	Ц		Over \$5,000,000	
_				L	lacksquare	1	\perp	<u> </u>		_						Ц		Spouse/DC Asset with Income over \$1,000,000*	
									0									P, S, S(part), or E	Transaction

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Donald Edwin Young

Page 3

70

	<u></u>
I	Name:
	Donald
	Edwiny
	loung
	Page 4 of
	O

				•								Procnix AZ 85008	地 N. 井木子 Suite 100	El Dorado Arizona Forms LLC	go Evample Mega Corp. Stock	SP,DC,IT Asset	Capital Galins: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. "Column K is for assets solely held by your spouse or dependent child.	appointly period or any security or test property rest by you, your system, or your dependent child for investment or the production of income, include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction, Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is soft, please choose "partial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
														X	<u> </u>		Purchase		Тур
		 							1								Sale		e of Tr
															×		Partial Sale		Type of Transaction
																	Exchange	_	ŝ
					•										×		Check Box if Cap Exceeded \$200	oltel Gain	
	-		-							I		,	•	2 5 H	35/14		Monthly, or Bi- weekly, if applicable	(MODAYR) or Currenty,	Date
											-						\$1,001- \$15,000	>_	
														X	×		\$15,001- \$50,000	a a	
																	\$50,001- \$100,000	ဂ	
																	\$100,001- \$250,000	0	A
																	\$250,001- \$600,000	т	mount of Transaction
																	\$500,001- \$1,000,000	-11	of Trai
																	\$1,000,001- \$5,000,000	6	ısactio
																_	\$5,000,001- \$25,000,000	π	š
																	\$25,000,001- \$50,000,000	_	
		 				 		ļ 									Over \$50,000,00	٠ ـ ـ	
																	Over \$1,000,000 (Spouse/DC Ass		

SCHEDULE C - EARNED INCOME

Name: Donald Edwin Young

Page 5 of 10

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 a 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: The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited. Source (include date of receipt for honoraria)	nsated at or above the "senior staff" rate totally prohibited. Type Approved Teaching Fee Legistative Persion Spouse Select Spouse Select	was \$26,955. In addition, certain Amount 48,000 \$1,000 \$1,000 N/A
State of Maska	Teaching and Legislative Pension	5605.65
Congressional FCU - IRA	Distribution	2929.55
(orgressional FCU- IRA	Distribution	812.26

ž	8	Elwis T	Donald	Name:
---	---	------------	--------	-------

Page 6 of 10

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. 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 liabile); 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.

		SP. DC, JT		
WIIW	Ехатріе			
Wells Fargo Bank	First Bank of Wilmington, DE	Creditor	•	•
3 03	5/98	Date Liability Incurred MO/YR		
Mortgage on personal residence - Inchorage Haska - not rented	Montgage on Rental Property, Dover, DE	Type of Liability		
		\$10,001~ \$15,000	>	
		\$15,001- \$50,000	D	
		\$50,001- \$100,000	0	
	×	\$100,001- \$250,000	0	
		\$250,001- \$500,000	m	moun
		\$500,001- \$1,000,000	TI	Amount of Liability
		\$1,000,001- \$5,000,000	၈	ability
		\$5,000,001- \$25,000,000	I	
		\$25,000,001- \$50,000,000	_	
		Over \$50,000,000	د	
		Over \$1,000,000* (Spouse/DC Liability)	~	

SCHEDULE E - POSITIONS

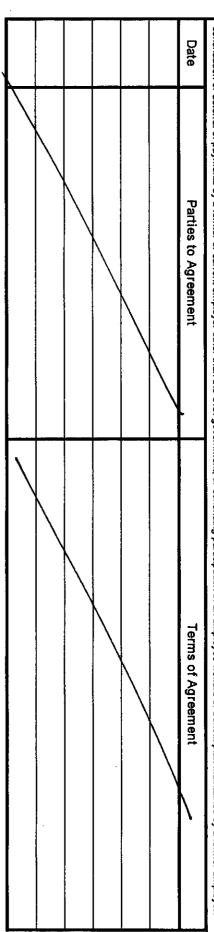
Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions

held in any religious, social, fratemal, or political entities (suc	held in any religious, social, fratemat, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization
Board of Directors	National Rifle Association
Board of Directors -	Institute of American Indian Arts
Ex Officio Member	

Name: Donald Edwin Young

Page 7 of 10

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.



SCHEDULE G - GIFTS

-Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

reas Irodu Irot per acute	Towards the 4010 disclosure threshold	iess legal int be exted towards the solid of the solid in the first line for the solid experience of solid experiences of the solid experiences of	
	Source	Description	Value
Example: Mr. Jose	Mr. Joseph Smith, Arlington, VA	Silvey Platter (determination of personal friendship received from the Ethics Committee)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:	
Dona	
1 P	
MP	
* Y	
oun	

Ū
8
Õ
١.
6
-/4
'_
윽
1
10
1
1

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Source Government of Chine (ASCEA) Evantables: Habitation Humanity (Charity fundration)	Lu Young Children's Fund Charity Fundraiser	•					
	and Aug 8-10						
City of Departure - Destination City of Return DO-Defing Crins- DC DC-Boston-DC	Archorage-Seward-						
Codging?	Y						
∠	4						
Family Member Included? (Y/N)	N						

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Danald Edwin Young | Page 9 of 10

List the source, separate confid	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Source Association of American Associations, Washington, DC Source	Name: DUNIC PANIS ponsor of an event to a charitable organ Activity Speech	to a charitable organization in lieu of paying an honorarium to you. A stivity Date Amount Stivity Date Amount S2,000	of 1 honorarium to you. A Amount \$2,000
Examples:	Source Association of American Associations, Washington, DC XY/Z Magazine	Activity Speech Article	Date Feb. 2, 2014 Aug. 13, 2014	Amount \$2,000 \$500
				\
			·	
:				
\				

Page 10 of 10

								(5)	NOTE NUMBER
	:							This is an	
	:							This is an Alaska Native Corporation	
	·						٠	ve Corporat	NOTES
								ton	G