PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. this report details of such a trust that benefits you, your spouse, or dependent child? 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. 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 exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: Name:_ 2013 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS reporting period? REPORT TYPE FILER b. Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? Donald Edwin Young 2013 Annual (Due: May 15, 2014) U.S. House of Representatives Member of or Candidate for State: Alaska District: At Larac ¥es Yes ¥es Yes Yes No Daytime Telephone: 202-225-5765 <u><</u> ₹ Amendment Š 중 Z 증 For Use by Members, Officers, and Employees 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 reportable travel or reimbursements for travel totaling more than \$350 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 \$350 in value from a single 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? source during the reporting period? eporting period? Form A Employee Officer or **Employing Office** Termination Date: Have you excluded from NA 2014 MAY 14 PM 4: 48 U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER DELIVERED 1 of 10 Office Use Only HAND Yes Yes Yes ĕs Yes š ĕs 공 중 중 중

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BLOCK A	EDULE A – ASSETS
вгоск в	A - ASSETS & "UNEARNED INCOME"
BLOCK C	Name: Donald Your
BLOCK D	Pag
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Starte Form Whole Life	Putnam Fund & Gouth	ife Whole Lif	NY Life Instant Legacy		Denali Credit Union	ABC Hedge Fund X	Transpiss: Simon & Schuster	SP Mega Corp. Stock EJF	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 thist (ICI), 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 fromes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Traff 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 held in the account that exceeds the reporting thresholds.		if income and with a fair market value 1,000 at the end of the reporting period, other reportable asset or source of penerated more than \$200 in "unearned"	identify (a) each asset held for investment or	BLOCK A Asset and/or income Source
X				×	X		Indefinite		\$1-\$1,000 \$1,001-\$15 \$15,001-\$5		· · · · · · · · · · · · · · · · · · ·				> 8 0		Occause it generated income, the value should be "None: "Column M is for assets held by your spouse or dependent child in which you have no interest.	valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only	Indicate value of asset	
	X	X	X			×		×	\$50,001-\$1 \$100,001-\$ \$250,001-\$	250,000					ா எ		come, the value sn	than fair market watering the reportir	tant close of the	BLOCK B
																	the value should be "None." by your spouse or dependent child	alue, please specify to up period and is inclu-	asset at close of the reporting period. If you use a	iset
		×	X		X				NONE	Asset over \$1,	000,000*									
X	_							×	RENT INTEREST CAPITAL C							-	for assets held in taxable accounts. Chec if the asset generated no income during the period.	generate tax-deferred income (such as 5.29 accounts), you may check the column. Dividends, interest, and even if minvested, must be disclose	Check all columns that apply.	BLOCK C
						Partnership Income	Royaltes		TAX-DEFE Other Type (Specify: e.		Income or F	arm Income)					for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	401(k), IRJ "Tax-Defer capital ga	ly. For accounts that	come
X		X	X	X	X			×	\$1-\$200 \$201-\$1,00 \$1,001-\$2,5			,			=	child in which you have no interest				
	X								\$2,501-\$5,0 \$5,001-\$15 \$15,001-\$5 \$50,001-\$1	0,000			`		< 4 4 4	79 no interest.	accounts. Check "None" if no income was samed o generated. Column XII is for assets held by your spouse or dependent	may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Ovidends, interest, and capital gains, even if reinvested, thus be disclosed as income for assets held in taxable.	For assets for which you checked "Tax-Deferred" in Block C, you	BLOCK D
									Over \$5,00	\$5,000,000	ome over \$1	,000,000*			× ×		me was earned or pouse or dependent	or assets indicate the propriate box below. even if reinvested, the held in taxable	errad" in Block C. you	TO I
								S(part)	P, S, S(part), or E						Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold, please indicate as follows: (S (part)).	exceeding \$1,000 in the reporting period.	lasset had purchases (P), sales (S), or exchanges (E)	Indicate if the	BLOCK E

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											רינא	-	CFCU- IRA	CKA	AK Permanent Fund	ASSET NAME			BLOCK A		SCHEDULE A – ASSETS & "UNEARNED INCOME"
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	L.	_			┡	<u> </u>	_		ļ			_		_			Spouse/DC Asset over \$1,000,000*	<u> </u>			
<u> </u>				\vdash	<u> </u>	<u> </u>	<u> </u>	 	▙		$\overline{}$						NONE	4			Name:
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									<u> </u>			_					IAA-DEFERRED]	3		10
																	Other Type of Income (Specify: e.g., Parthership Income or Farm Income)				Donald Young
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Г				Γ								7					Over \$5,000,000	1			الس
												_1					Spouse/DC Asset with Income over \$1,000,000° ≥				်ဋ
																	P. S. S(part), or E		BLOCKE		0

SCHEDULE B - TRANSACTIONS

Name: Donald Young Page 4 of 10

												SP Example Mega Corp. Stock	SP, DC, JT Asset	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gain's 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.	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 Exclude transactions between you, your spouse, or dependent children, or the burchase or sale of your personal residence, unless it generated rental income. If only a province of an exercise soft abeaes province "and a series" as that worm of transactions.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you your secure or your
														Purchase		Туре
												×		Sale Partial Sale		Type of Transaction
								!						Exchange		tion
												×		Check Box if Capit Exceeded \$200	tal Gain	
					,							3/5/13		Monthly, or Bi- weekly, if applicable	(MO/DAYR) or	Date
į														\$1,001- \$15,000	>	
												×	L	\$15,001- \$50,000	60	
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	 _					 			 			_	_	\$25,000,001- \$50,000,000	-	
		_							<u> </u>				_	Over \$50,000,000		
														Over \$1,000,000* (Spouse/DC Asset	, -	

SCHEDULE C -- EARNED INCOME

Name: Donald 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 2013 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.

Examples: Starte of Alaska. Starte of Alaska. CFCU - IRA CFCU - IRA Distribution 813.42

Name: Donald Young

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 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 reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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EDULE			Dover		SIIM	Example		_	
SCHEDULE E - POSITIONS		<u>ب</u>	bovenmuchle Mortage	J	Wells Forgo Bank	First Bank of Wilmington, DE	Creditor		
		•	11 98		3/03	5/98	Liability Incurred MO/YR	•	
Balance 12/31/15 \$0	Balance 1/1/13 \$4228	not rental	lightgage on Personal lesialence - Great fallsyl	not rented	r 1	Mortgage on Rental Property, Dover, DE	Type of Liability		
							\$10,001- \$15,000	>	
							\$15,001- \$50,000	æ	
					X		\$50,001- \$100,000	G	
						×	\$100,001~ \$250,000	9	
							\$250,001~ \$500,000	'n	Amount of Liability
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							\$25,000,001- \$50,000,000	_	
							Over \$50,000,000	٤.,	
							Over \$1,000,000* (Spouse/DC Liability)	*	

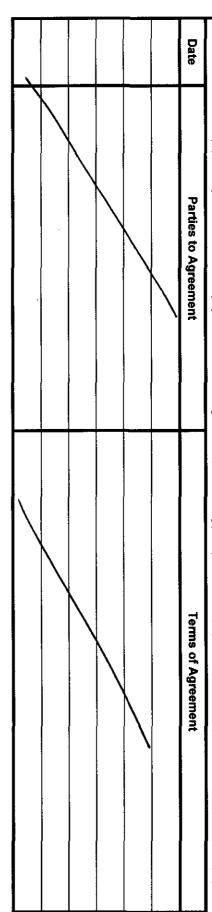
Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

	Officio Member
Institute of American Indian Arts	Board of Directors - Ex
National Rifle Association	Board of Directors
Name of Organization	Position

SCHEDULE F - AGREEMENTS

Name: Donald 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 (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a 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 \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the

•			
	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
\			

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

	Name:
-	onald
	Young
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sponsor or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 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

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; 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.

						Lu Young Children's Fund	Examples: Hebital for Humanity (charity fundraiser)	Government of China (MECEA)	Source
						 Aug 10-12	Mar. 3-4	Aug. 6-11	Date(s)
						Whittier, AK	DC-Boston-DC	OO - evitto, fouipeB-oO	City of Departure - Destination City of Return
						Y	Υ	٧	Lodging? (Y/N)
						4	Υ	٧	Food? (Y/N)
						N	٧	z	Family Member Included? (Y/N)

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Donald Young Page 9 of 10

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Examples: Association of American Associations, Washington, DC XYZ Magazine Source Activity Speech Article Feb, 2, 2013 Aug. 13, 2013 Date Amount \$2,000 \$500

	Name:
	Donald
V	Young
	Page 10 of

NOTE	NOTES
Ξ	This is an Alaska Native Corporation