Yes No X	t child because	sactions, or liabilities of a spouse or dependent child because	l" income, tran	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
Yes No No	d trusts" need not	s of Official Conduct and certain other "excepted pouse, or dependent child?	on standards	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
UESTIONS	OF THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
wered and the 'Yes" response.	must be ansi	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	N _o	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
Yes No No	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	∑ S	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
Yes No	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	N _S	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
Yes No	d receive any in the reporting e)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.	Š	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
Yes No No	d receive any gregating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	No No	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes Yes
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penali against anyon 30 days late.	ee	Officer or Employee	Filer Status Member of the U.S. State: AK Status House of Representatives District: At Longe Type Annual (May 15) Amendment
tce Use Only)	5 AM IO: 35 THE CLERK TOTAL Use Only)	202-225-SIMUS 15		Donald Edwin Yours
		LEGISLATIVE R		
	DELIVERED	For use by Members, officers, and employees		2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period
٠.		7)		UNITED STATES HOUSE OF REPRESENTATIVES

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=	۷	Name
	Edwin Yourg	Donald

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ts received under the Social Sec	curity Act.
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
on	Spouse Salary	NA
State of Alaska	registative & Jension \$5,014	45,014
	_	

For payments to charity in lieu of honoraria, use Schedule II.

9

Asset and/or Income Source

account and its value at the end of the reporting Block A. For additional of its activities, and its geographic location in names of stocks and mutual funds (do not use income during the year. For rental property or land, provide a complete address. Provide full od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periinstruction booklet. traded, state the name of the business, the nature period. For an active business that is not publicly not setf-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the provide the value and income information not exercised, to select the specific investments) (*i.e.*, plans in which you have the power, even if plans (such as 401(k) plans) that are self directed ticker symbols). For *all IRAs* and other retirement which generated more than \$200 in "unearned" Identify (a) each asset held for investment or proincome with a fair market value information, see the 9 Þ

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portion of an

If only a

reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by Government retirement programs. interest in or income derived from less in personal savings accounts; any financial interest in or income derived from U.S. parent, or sibling; any deposits totalling \$5,000 or your spouse, or by you or your spouse's child,

optional column on the far left dependent child (DC) or is jointly held (JT), in the If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 *-* \$1,000,000 \$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

(Specify: For Example, Partnership Income or Farm Income)

example. See below for as follows: please indicate asset is sold,

(S) (partial)

Other Type of Income

Over \$50,000,000

NONE

None

\$1 - \$200\$201 - \$1,000

\$1,001 - \$2,500

\$2,501 - \$5,000

\$5,001 - \$15,000

\$15,001 - \$50,000

\$50,001 -- \$100,000

Over \$5,000,000

\$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

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DIVIDENDS RENT

INTEREST

CAPITAL GAINS

Value of Asset BLOCK B

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

generated income, the value should If an asset was sold during the reporting year and is included only because it þ

not allow you to choose specific investments, you may write "NA." For Check all columns that apply. For retirement plans or accounts that do ate any income during calendar year Check "None" if asset did not genervested, should be listed as income Dividends and interest, even if reining the appropriate box below. indicate the type of income by checkall other assets including all IRAs,

Type of Income BLOCK C

ments, you may write "NA" for income. vested, should be listed as income. Dividends and interest, even if reinchecking the appropriate box below. indicate the category of income by For all other assets, including all IRAs, not allow you to choose specific invest-Check "None" if no income was received.

Amount of Income BLOCK D

ransaction

BLOCK F

For retirement plans or accounts that do \$1000 in exceeding exchanges (E) sales (S), or purchases (P) asset had Indicate if the

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additional
assets
and
unearned
income,
, use
next
page.

SP whight Putnam long Fou which the Putram who Few 104

×

X

State Farm Insurance

Putnam Fund for Growtin

×

DC, Examples:

Simon & Schuster Mega Corp. Stock

Indefinite

Royalties

×

×

(partial)

×

x 5 y 8 %

1st Bank of Paducah, KY Accounts

Wright Putnam Cong FCU (194

State of DK Perm Div Fund X

×

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Name

Continuation Sheet (if needed) \subseteq DC, SP. Gundah Yuzer Native Corp SO THE IDS Asset and/or Income Source Bunk North Asson **BLOCK A** ➣ None ₿ \$1 - \$1,000 O \$1,001 - \$15,000 Ō \$15,001 - \$50,000 Value of Asset ш \$50,001 - \$100,000 Year-End BLOCK B 71 \$100,001 - \$250,000 G \$250,001 - \$500,000 エ \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ۲. \$5,000,001 - \$25,000,000 ス \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE **DIVIDENDS** RENT INTEREST of Income BLOCK C CAPITAL GAINS Type **EXCEPTED/BLIND TRUST** Other Type of Income (Specify) × None \$1 - \$200 Amount of Income ≡ \$201 - \$1,000 ₹ \$1,001 - \$2,500 < BLOCK D \$2,501 - \$5,000 HIA IIA IA \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 $\bar{\mathsf{x}}$ × \$1,000,001 - \$5,000,000 $\underline{\times}$ Over \$5,000,000 Transaction BLOCK E ரைவை

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SCHEDULE IV— TRANSACTIONS

Name Dunald Edwin Young

Page 6 of

																Putram Fund of Growth	SP Example: Mega Coporation Common Stock (partial sale)	JT	amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property,
							**			, , ,						×		,	PURCHASE	of Tr
																	×		SALE	Type of Transaction
				\$ s	* * * * * * * * * * * * * * * * * * * *		,								,	,		* * * * * * * * * * * * * * * * * * * *	EXCHANGE	tion
				:												Remodic	10-12-07		(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Date
	, « x					× . ′							,					1 3 3 X	\$1,901- \$15,000	
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		- (4)				******					;	1	,			ļ · ·		, ,	\$100,000	Amount
	* 5 ;					11.22				. ,		\					\vdash		\$250,000	unt o
}				11.4		<u> </u>		1					+						\$500,000 \$500,001- \$1,000,000	of Transaction
	, , , ,		*							11 1				1					\$1,000,001- \$5,000,000	ısact
Ī	= h																		\$5,000,001- \$25,000,000	ion
	, , , , , , , , , , , , , , , , , , ,							* * * * *	24,65	.;						```*;			\$25,000,001 \$50,000,000	<u>.</u>
								<u> </u>								_			Over \$50,000,000	<u> </u>

SCHEDULE VIII—POSITIONS

Name Oorald Edwin Young

Page 7 of 7

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

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

Position	Name of Organization
Board of Directors	National Rifle Association

SCHEDULE IX—AGREEMENTS

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. Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

\			Date	
			Parties To	
			Terms of Agreement	