	Yes 🗔 No 🗸	nt child	liabilities of a spouse or dependent child		come, transac	arned" in	ets, "une:	ort any other ass for exemption?	from this repo all three tests	Have you excluded from this report any other assets, "unearned" income, transactions, or because they meet all three tests for exemption?	Exemptions H	Exemp	
	Yes No 🗸	xcepted	icial Conduct and certain other "excepted penefiting you, your spouse, or dependent	rds of Official Conduct and a trust benefiting you, )	lee on Standar details of sucl	Commit is report	ed by the	regarding "Qualified Blind Trusts" approved by the Committee on Standards of Offineed not be disclosed. Have you excluded from this report details of such a trust be	Qualified Blind	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Offitrusts" need not be disclosed. Have you excluded from this report details of such a trust b child?		Trusts	
	ONS	JESTI	OF THESE Q	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	Y NOITE	ORM,	ST INF	IT, OR TRU	PENDEN	SPOUSE, DE	ION OF	EXCLUS	l
		se.	h "Yes" respon	schedule attached for each "Yes" response	sched				<i>/</i> .	If yes, complete and attach Schedule V.	omplete and	If yes, c	_
	in this part must be answered and the appropriate	red and	must be answe	Each question in this part	Each q	₹ <	Yes 🗀 I		nave any reporta iod?	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	your spouse, c an \$10,000} dui		_<
			dule IX.	If yes, complete and attach Schedule IX.	If yes, co			   	,< 	If yes, complete and attach Schedule IV	omplete and	If yes, c	
	Yes No	an outsid	nt or arrangement wit	Did you have any reportable agreement or arrangement with an outside entity?	Did you h	₹	Yes 📋 I	Ŋ	rchase, sell, or o	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	your spouse, o e asset in a tra	IV. reportable	
	Yes No 🗸	of filing in	on or before the date	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.	Vill. current ca	<b>8</b> –	Yes 🗸		eceive "unearne id any reportabl	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.	your spouse, c n \$200 in the r n \$1,000 at the omplete and	III. more tha more tha If yes, c	=
			dule VII.	If yes, complete and attach Schedule VII.	If yes, co		 		<del>-</del> 	If yes, complete and attach Schedule II.	omplete and	If yes, c	T
	velor 305 Yes No	ertable trav re than \$3	e, or a dependent child receive any reportable travel travel in the reporting period (worth more than \$305	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)?	VII. reimburs	<b>S</b>	Yes 📋 I	lieu of paying	nation to charit ne reporting peri	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?	ndividual or or speech, appea		
			dule VI.	If yes, complete and attach Schedule VI.	If yes, co					If yes, complete and attach Schedule I.	omplete and	If yes, c	1
	ise Yes No	ortable gift ot otherwis	e, or a dependent child receive any reportable gift in {i.e., aggregating more than \$305 and not otherwise	our spous	VI. the report exempt)?	₹   <b>K</b>	Yes No V		ne (e.g., salaries riod?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	or your spouse from any sourc		<del>-</del> -
-				SN	UESTION	ESE (	OF TH	ANSWER EACH OF THESE QUESTIONS		PRELIMINARY INFORMATION	INARY IN	PRELIM	ا ـــ ا
	more than 30 days 👊 late.	mor late.		Termination Date:		Termination		Amendment		Annual (May 15)	(V)	Report Type	
	A \$200 pensity/shalls be assessed against anyone who files	be any		Employing Office	Officer Or Employee			State: FL District: 10	ıtatives	Member of the U.S. House of Representatives	<b>∑</b>	Filer Status	-
7	(Office Use Only)	_	(Daytime Telephone)	(Daytime	:				(Full Name)		,		_
6/1	2018 MAY 15 PM 12: 03	2008 MA		202-225-5961				<b>ng</b>	W. Bill Young	C.			
•	**************************************	70 21 AY	<u> </u>										$\neg$
<del></del>	DELIVERED	<u> </u>	Page 1 of 2 hers, officers, and employees	FORM A For use by Members, officers	For use	ES 107	ATIV	PRESENT CALENDAR Y	OF RE	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007	D STAT	UNITE	<del></del>
	I A S J	]											۱ -

Name C.W. Bill Young

Page 2 of 2

SP	ا ر ا ا	If you so choose that of your spoint the optional c	Exclude: Your p debt owed to yo parent or sibling savings account	Asset Identify (a) each a fair market va and (b) any othe than \$200 in "ut land, provide a a mutual funds (d retirement plans in which you ha investments), pr in the account t plans that are no and its value at that is not publi- its activities, an information, see
Wright Patman Federal Credit Union IRA	Wright Patman Federal Credit Union	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active 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 additional information, see the instruction booklet.
\$1,00	\$15,001 \$50,000			Ye Value at close year. If valuatio other th value, p the metl asset w include it is gen the valu "None."
\$1,001 - \$15,000 None	01 - 00			PLOCK B  Year-End  Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."
None	INTEREST			BLOCK C  Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)
NONE	\$201 - \$1,000			Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.
				Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.