ĕ  ⊠	es	hild because	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	" income, trans	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spothey meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPTION—Have yo they meet all three tests
No [X	Yes	ქosed. Have you	certain other "excepted trusts" need not be disclid?	on Ethics and dependent chi	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 benefiting you, your spouse, or dependent child?	TRUSTS—Details regard excluded from this repo
S	UESTION	EACH OF THESE QUESTIONS	- ANSWER	TINFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF
the onse.	wered and 'Yes" respo	nust be ansv	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  **Yes**, complete and attach Schedule V.**	V. Did you, your spouse, or a dependent c liability (more than \$10,000) during the rep If yes, complete and attach Schedule V.
<b>₹</b>	gg	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	× <sub>8</sub>	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.	IV. Did you, your spouse, or a dependent cor exchange any reportable asset in a tran \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
₹  X	Yes	r 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 <sub>S</sub>	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.	III. Did you, your spouse, or a dependent of income of more than \$200 in the reporting reportable asset worth more than \$1,000 a ff yes, complete and attach Schedule III.
<b>₹</b>	se Se	receive any the reporting )?		<b>₹</b>	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the Yes reporting period?  If yes, complete and attach Schedule II.	II. Did any individual or organization make lieu of paying you for a speech, appearand reporting period? If yes, complete and attach Schedule II.
8	Yes	receive any egating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	S S	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   X	I. Did you or your spouse have "earned" in fees) of \$200 or more from any source in If yes, complete and attach Schedule I.
			E QUESTIONS	OF THESE	NFORMATION — ANSWER EACH	PRELIMINARY INFORMATION
		30 days late.	Termination		Annual (May 16, 2011) Amendment	Report ( )A
assess	Ity shall be	A \$200 penalty shall be assessed	Employing Office:	Officer or Employee	Member of the U.S. State: 11 State: 12 N State: 12 N State: 12 N State: 13 N State: 14 N State: 15 N S	Status X M
<b>4: 09</b>	2011 JUN 15 PH 4: 09  ps. House of References (1972)  (Office Use Only)	2011 JI Ws. Hous om	Daytime Telephone: (202) 225 - 5315	Daytime '	d C. Young	Name: Todd
	HAND DELIVERY OF THE PARTY OF T	HAND	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	UNITED STATES
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## 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 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.

Source Source	Type	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	7010 T. +0
Tucker & Tucker P.C. Attorneys at Law	Salary	60055 60055
		\$ 38,061.31
Tucker & Tucker P.C. Attorneys at Law	Spouse salony	N/A
State of Indiana	Spouse salary	NIA
Orange County, IN	Spouse Saloy	NIA

# SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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 an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2010	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2010	\$500

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	Contract of the contract of th	Traducina	629 C	Indiana		Examples:	g P	the name of the institution ho value at the end of the reportit For rental or other real propert vide a complete address.  For an ownership interest in that is not publicly traded, staress, the nature of its activities tion in Block A.  Exclude: Your personal resistance and vacation homes income during the reporting ping \$5,000 or less in a peirs accounts; and any financial interference that of your state of your standed in the complete source is that of your shild (DC), or is jointly held with optional column on the far left. For a detailed discussion of Splease refer to the instruction I	Asset and/c  Asset and/c  Asset and/c  Asset and/c  Asset asset  of income with a fair m  the end of the report reportable asset or sou more than \$200 in "une Provide complete name not use ticker symbols.)  For all IRAs and other in plans) that are self-direc the power, even if not investments), provide th investments), provide th investments), provide th investments), provide th investments).
		Public Employers	22	Jublic Employees	1st Bank of Paducah, KY Accounts		Mega Corp. Stock	the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.  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.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  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 with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	Asset and/or Income Source Asset and/or Income Source Identity (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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete 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 for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only
								None >	<b>1</b> 9 6 ₹ ₹ 3 7 5
			<u> </u>			₹		\$1 - \$1,000	Indicate reporting method please s If an ass year any generate "None."
						Indefinite		\$1,001 – \$15,000 °C	ting ting od o
		X	<u> </u>	×		6		\$15,001 - \$50,000	BLOCK B  Value of Asset  Indicate 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 during the reporting year and is included only because it generated income, the value should be "None."
	7.77.	<del></del>	rat s				×	\$50,001 - \$100,000 m	BLOCK B  Value of Asset a lue of asset a ear. If you use a fair ma cify the method u was sold during the included only income, the value
er Selven	, ,		<u> </u>		×	iv.	υ., Έ.,	\$100,001 - \$250,000 T	BLOCK B  Je of Asset  of asset at close of  If you use a valuation  than fair market value,  the method used.  sold during the reporting  cluded only because it  me, the value should be
25, 36 26 27 3						0.7	- 3	\$250,001 – \$500,000 ଦ	ass ass fair fair fair hether
	3.4	<u>. Yal</u>			;			\$500,001 - \$1,000,000	ssee ssee ssee ssee ssee ssee ssee set et et et mod son ly and value
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	(V)		22.34		$\lambda_{x}$	, ĉ		Over \$50,000,000	e ≈ G e c
		×	×	×	L			NONE	
							×	DIVIDENDS	Type of Inc.  Type of Inc.  Check all columns the retirement accounts the you to choose specific in that generate tax-defit (such as 401(k) plans may check the "No Dividends, Interest, gains, even if reinvest disclosed as income. If the asset generated in ing the reporting period
				<u> </u>	×	_	_	RENT	all
74 394					_			INTEREST	ype colored according to the colored according
			ļ	ļ	L.	ļ .	×	CAPITAL GAINS	JEO Specific
								EXCEPTED/BLIND TRUST	BLOCK Cope of Incope of In
						Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
				ļ	<u> </u>			None -	was en Dind that the
					L	<u> </u>		\$1 - \$200 =	Amount of Income  Amount of Income  For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or iRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below.  Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
		_		ļ.—.	L	ļ		\$201 - \$1,000	Au chc chc nera (K) p nds, nds, relations
			<u> </u>	1		<u> </u>	×	\$1,001 - \$2,500	BLOCK D  Amount of income sment accounts that do n choose specific investme erate tax-deferred income plate tax-deferred income the category of inco generated that the category of income generated that the category of income the category
	- QN .	4				ļ		\$2,501 - \$5,000 <	BLC accc sp accc sp sp sted
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			<u> </u>	ļ	<u> </u>	×	_	\$100,001 - \$1,000,000 \	BLOCK D  unt of Income accounts that do not allow specific investments or specific investments or sax-deferred income (such s or iRAs), you may check umn. For all other assets, category of income by appropriate box below, terest, and capital galns, sted, must be disclosed heck "None" if no income generated.
			<u> </u>	<del> </del> -	1	<u> </u>	-	\$1,000,001 - \$5,000,000 ×	is allo
	_		<u> </u>	<u> </u>	L			Over \$5,000,000 ×	
							S (partial)	portion of an asset is sold, please indicate as follows:  (S) (partial) See below for example.  P, S, E	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

## SCHEDULE IV— TRANSACTIONS

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real prop-Type Amount of Transaction

Name Todd

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or dependent child during the reporting period or any security of real prop- erty held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss Provide a brief description of any exchange trans-	cation. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so Indicate (i.e., "partial sale"). See example below.  Capital Gains — if a sales transaction resulted in a capital gain in excess		JT	SP Example: Mega Corporation Common Stock (partial sale)												
of Transaction	JRCHASE															
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Date	(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if												<u> </u>		7	110
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Date	01- 000 ► 001- 000 <b>w</b>	\$1 \$1 \$1 \$5		×				·			-					
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	01- 000	\$1, \$1; \$5; \$5; \$1; \$2							3	. (,					3	
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Name Todd C. Young

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); 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 a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

		Date					₽	unt o	Amount of Liability	ا≝ [	ا₹	4 ]
SP P		Liability		>	В	ဂ	D	Ш	o <b>T</b>		្ន	1
ት ይዩ	Creditor	Incurred Mo/Year	Type of Liability	\$10,001- \$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	\$1,000,001- \$5,000,000 \$5,000,001- \$25,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE	Ì			×					
	NSAA		Revolving credit		*							

#### SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of 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 \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Doorlation	Value
Source  Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

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 (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 you.

	Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Evamoles:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	z	Z	None
L'Adinpico.	Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	<b>\</b>	~	Υ	2 Days
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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 nonprofit 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 (such as political parties and campaign organizations); and positions solely of an honorary nature.

zanoria), and positions sololy of an inchesial fraction	or to the second
Position	Name of Organization

### SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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