| ild Yes No V                                         | ncome, transactions, or liabilities of a spouse or dependent ches" unless you have first consulted with the Committee on Et                                                 | Exemptions— 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 tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes No 🗸                                             | tee on Ethics and certain other "excepted trusts" need not be st benefiting you, your spouse, or dependent child?                                                           | Trusts Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ned disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?                               |
| Yes No 🗸                                             | tial Public Offering?                                                                                                                                                       | IPO- Did you purchase any shares that were allocated as a part of an Initial Public Offering?                                                                                                                                                                                      |
| SE QUESTIONS                                         | NFORMATION ANSWER EACH OF THESE QUESTIONS                                                                                                                                   | IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION                                                                                                                                                                                                                       |
|                                                      | schedule attached for each "Yes" response.                                                                                                                                  |                                                                                                                                                                                                                                                                                    |
| and the appropriate                                  | Each question in this part must be answered and the appropriate                                                                                                             | V. (more than \$10,000) during the reporting period?  Viscolary (more than \$10,000) during the reporting period?                                                                                                                                                                  |
|                                                      | If yes, complete and attach Schedule IX.                                                                                                                                    | If yes, complete and attach Schedule IV.                                                                                                                                                                                                                                           |
| outside Yes No                                       | Did you have any reportable agreement or arrangement with an outside IX. entity?                                                                                            | Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting Yes No                                                                                                                       |
|                                                      | If yes, complete and attach Schedule VIII.                                                                                                                                  | If yes, complete and attach Schedule III.                                                                                                                                                                                                                                          |
| ng in the Yes V No                                   | VIII. current calendar year?                                                                                                                                                | III. more than \$200 in the reporting period or hold any reportable asset worth  Yes V No more than \$1,000 at the end of the period?                                                                                                                                              |
|                                                      | If yes, complete and attach Schedule VII.                                                                                                                                   | If yes, complete and attach Schedule II.                                                                                                                                                                                                                                           |
| e travel or<br>an \$350 Yes No 🗹                     | Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)? | II. you for a speech, appearance, or article in the reporting period?  Yes No                                                                                                                                                                                                      |
|                                                      |                                                                                                                                                                             | If yes, complete and attach Schedule I.                                                                                                                                                                                                                                            |
| egift in<br>nerwise Yes ☐ No ✔                       | Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?            | Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 I. or more from any source in the reporting period?  Yes ✓ No □                                                                                                                                      |
|                                                      | UESTIONS                                                                                                                                                                    | PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS                                                                                                                                                                                                                             |
| late.                                                | tion                                                                                                                                                                        | Type (☑)Annual (May 15) ☐ Amendment ☐ Termination                                                                                                                                                                                                                                  |
| more than 30 days                                    | Termination Date:                                                                                                                                                           | Report                                                                                                                                                                                                                                                                             |
| be assessed against                                  | Employee                                                                                                                                                                    | <i>v</i> ,                                                                                                                                                                                                                                                                         |
| U.S. HOUSE DE REPRESENTATIVES  A \$200 penalty shall | Employing Office:                                                                                                                                                           | Filer Member of the U.S. State: AK                                                                                                                                                                                                                                                 |
| (Office Use Qaly)                                    | (Daytime Telephone)                                                                                                                                                         | (Full Name)                                                                                                                                                                                                                                                                        |
| MAY 15 PH 3: 49 1                                    | 70                                                                                                                                                                          | Donald Edwin Young                                                                                                                                                                                                                                                                 |
| LEGIS ATIVE RESOURCE CENTER                          | LEGIS                                                                                                                                                                       |                                                                                                                                                                                                                                                                                    |
| MD DELIVERED                                         | FORM A Page 1 of 6 For use by Members, officers, and employees A ND TELL TOTAL                                                                                              | CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT                                                                                                                                                                                                                                  |
|                                                      |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                    |

# **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) totaling \$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. Name Donald Edwin Young Page 2 of 6

| Source                   | Туре                         | Amount     |
|--------------------------|------------------------------|------------|
| State of Alaska          | Teaching/Legislative Pension | \$5,483.58 |
| Wright Patman CFCU - IRA | Distribution                 | \$811      |
| Wright Patman CFCU - IRA | Distribution                 | \$2,926.80 |
|                          |                              |            |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME For a detailed discussion of Schedule III requirements, please refer to the optional column on the far left. spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the If you so choose, you may indicate that an asset or income source is that of your Savings Plan. in, or income derived from, a federal retirement program, including the Thrift (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 Exclude: Your personal residence, including second homes and vacation homes location in Block A. 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 a description, e.g., "rental property," and a city and state For rental or other real property held for investment, provide a complete address or each asset held in the account that exceeds the reporting thresholds. For all IRAs and other retirement plans (such as 401(k) plans) provide the value for Provide complete names of stocks and mutual funds (do not use ticker symbols.) reportable asset or sources of income which generated more than \$200 in value exceeding \$1,000 at the end of the reporting period, and (b) any other Identify (a) each asset held for investment or production of income with a fair market "unearmed" income during the year. Asset and/or income Source State Farm - Whole Life Putnam Fund for Growth Doyon Limited NY Life Insurance Whole Life NY Life Insurance Instant Denali Alaskan Federal Credit \_egacy BLOCK A None \$100,001 \$100,001 \$100,001 -\$15,001 the reporting year and is market value, please specify the method used. \$50,000 \$15,001 -\$250,000 \$250,000 \$250,000 \$50,000 or dependent child. held solely by your spouse value should be "None." generated income, the included only because it lf an asset was sold during method other than fair you use a valuation close of reporting year. If Indicate value of asset at Value of Asset This column is for assets Year-End Name Donald Edwin Young **BLOCK B** None None None (such as 401(k) plans or IRAs) you may check the "None" Check all columns that apply For retirement accounts that INTEREST during the reporting period. the asset generated no income as income. Check "None" if reinvested, must be disclosed and capital gains, even if column. Dividends, interest, generate tax-deferred income specific investments or that do not allow you to choose DIVIDENDS DIVIDENDS Type of Income BLOCK C NONE \$1,001 - \$2,500 generated by assets held solely \* This column is for income or generated. the appropriate box below. may check the "None" column \$2,501 - \$5,000 NONE \$201 - \$1,000 by your spouse or dependent "None" if no Income was earned disclosed as income. Check gains, even if reinvested, must be Dividends, interest, and capital category of income by checking For all other assets, indicate the "Tax-Deferred" in Block C, you For assets for which you checked NONE Amount of Income BLOCKD exceeding \$1,000 in exchanges (E) sales (S), or had purchases (P), Indicate if asset Transaction BLOCKE Page 3 of 6

SCHEDULE III - ASSETS AND "UNEARNED" INCOME State of Alaska Permanent Fund Wright Patman Congressional Wright Patman Congressional Federal Credit Union - IRA Wright Patman Congressional Federal Credit Union Federal Credit Union - IRA \$100,001 -\$250,000 \$50,001 -\$100,000 \$15,001 -\$50,000 None Name Donald Edwin Young DIVIDENDS **DIVIDENDS** TAX-DEFERRED TAX-DEFERRED NONE NONE \$201 - \$1,000 \$201 - \$1,000 Page 4 of 6

### **SCHEDULE V - LIABILITIES**

Name Donald Edwin Young Page 5 of 6

Any mortgage on your personal residence (unless it is rented out or you 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 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. \*This column is 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. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: for liabilities held solely by your spouse or dependent child.

|                                                               |                                                             | SP,<br>DC,<br>JT              |
|---------------------------------------------------------------|-------------------------------------------------------------|-------------------------------|
| Dovenmuehle Mortgage Inc                                      | Wells Fargo Bank                                            | Creditor                      |
| November<br>1998                                              | March 2003                                                  | Date<br>Liability<br>Incurred |
| Mortgage on personal residence - Great Falls, VA - not rented | Mortgage on personal residence - Anchorage, AK - not rented | Type of Liability             |
| \$15,001 - \$50,000                                           | \$50,001 - \$100,000                                        | Amount of Liability           |

## SCHEDULE VIII - POSITIONS

Name Donald Edwin Young

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

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