<b>8</b>	Yes	pendent child	litties of a spouse or dependent child Committee on Ethics.	"unearned" income, transactions, or liabilitiunless you have first consulted with the Co	arned" income s you have fir	er assets, "une wer "yes" unles	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	EXEMPTION because they
N <sub>o</sub>	Yes	ot be	epted trusts" need not child?	s and certain other "exc spouse, or a dependent	ittee on Ethic ing you, your	d by the Comm a trust benefit	<b>TRUSTS</b> —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 a dependent child?	TRUSTS—De disclosed. Hav
S	QUESTIONS		SWER EACH OF THESE	- AN	T INFORI	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSIC
	esponse.	each "Yes" r	dule attached for each "Yes" response	ιppropriate schedι	and the a	e answerec	Each question in this part must be answered and the appropriate sche	
No X	Yes 🔲	\$5,000 from	mpensation of more than s Mo prior years? attach Schedule VI.	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule VI.	<u>8</u>	Yes	III. 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 III.	III. Did you, you able liability (mo if yes, complete
No X	Yes 🔲	rangement	eportable agreement or arrattach Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	No U	Yes	II. 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 II.	II. Did you, you income of more reportable asset if yes, complete
N <sub>O</sub>	Yes X	before the date or two years?	ortable positions on or bendar year or in the prionach Schedule IV.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	No X	Yes 🔲	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>yes, complete and attach Schedule I.</li> </ol>	I. Did you or yo fees) of \$200 or If yes, complete
				ANSWER EACH OF THESE QUESTIONS	OF THES	ER EACH	In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWE	In all sections, PRELIMIN
wild liles	more than 30 days late.	more than 3				Office:	New officer or Employing Office:	Status
assessed		A \$200 pen	Check if Amendment	Special Alection	Date of Election:	AL	Candidate for the State: House of Representatives District:	Filer
:52	2013 JUL 31 PM 1: 52	2013 JU		Daytime Telephone:	Daytime		arry D. Young Jr	Name: /
Page 1 of 3	<b>ML 2</b> 2 2013 "	<b>E</b>	M B s and new employees	<b>FORM B</b> For use by candidates and new employees		TIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCAL DISCLOSURE STATEMENT Period covered: January 1, 2012 丁いユー28,200	FINANC!A Period cove

PAMA Consulting, Inc. 1763 At 36561 Political Strangy Group, LLC Political Strangy Group, LLC Political Strangy Group, LLC	Endurance It LLC 1283 west beach Blud Gulf Shore At 36547	Could Shore ACC Blud		DC, Examples: Simon & Schuster		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 personal checking or savings 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 II requirements, please refer to the instruction booklet.	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.	account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.	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 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.
X	×	X	×		X	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 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000		ABCDEFGHIJKL	Value of Asset  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."
	*	Х	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Fa	arm Income	))	Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate taxdeferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" 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.
	× ×		×	×	X	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 \$100,001 - \$1,000,000  None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$150,000 \$100,001 - \$1,000,000		Current Year Preceding Year	Amount of Income  For assets for which you checked "Tax-Deferred" in Block C, 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.

## SCHEDULE III — LIABILITIES

Name Larry D. Young Jr.

Page 3 of 3

ture, 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 sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

_	,	 		
				SP, DC, JT
		NIA	Example: First Bank of Wilmington, DE	Creditor
			May 1998	Date Liability Incurred mo/year
			Mortgage on 123 Main Street, Dover, DE	Type of Liability
			:	\$10,001— \$15,000
-				\$15,001— \$50,000 <b>U</b> \$50,001—
				\$100,000
			Î	\$250,000 D
				\$250,000 m \$250,001 m \$500,000 m \$1,000,000 m
				\$1,000,001— o
				\$5,000,001— <b>±</b>
				\$25,000,001— <u> </u>
				Over \$50,000,000
				May 1998 Mortgage on 123 Main Street, Dover,

## SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Position	Name of Organization
OWA!	Endurance LLC
0 W W T -	Endurance II. LLC
0 5 5 4 7	Political Strategy Group LLC
D WARY	PMM Consulting Inc.
(	