Name DAVID EDMUND YOUNG Daytime Telephone: SIS. 371.564 2015 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES REPORT TYPE FILER STATUS X Member of or Candidate for U.S. House of Representatives 2015 Annual (Due: May 16, 2016) State: FOW A
District: 35% Amendment For Use by Members, Officers, and Employees Form A Employee Officer or Employing Office: Termination Date of Termination: 2015 HAY 16 PM 3: 03 (Office Use Only) CHELL BUILDED CONTROL OF A \$200 penalty shall be assessed against any individual who files more than 30 days late. HAND DELIVERED 1 of 4

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

ESTIONS	DRMATION - ANSWER EACH OF THESE QUESTIONS	NT, OR TRUST INFO	IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWI
YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
Yes No X	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes No X	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/iRA distributions) of \$200 or more during the reporting period?
Yes No X	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes No X	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
Yes No X	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?

Yes No X	EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
35 No 1	TRUSTS Details regarding "Qualified Blind Trusis" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from Yes
» ☐ № X	IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact Yes

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Name: DANID EDMUND Young	
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			L	またけるけれ	n to campaign	ABC Hedge Fund X	Smon & Schuster	SP Mega Corp. Stock EBF	For bank and other cash accounts, total the amount in all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state. 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 incomes and vecation homes (unlass there was rental income during the reporting period); and any financial interest in, or income derived from, a factoral retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you mey indicate that an asset or income source is that of your spouses (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	Asset and/or Income Source Identify (a) sech asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all RAse and other retirement plans (such asset 01(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.
									None >	Indication of the case of the
!			L_			<u> </u>			\$t-\$1,000 m	Indicate value of as valuation method oth used. If an asset was sold because it generated "Column M is for ess you have no interest.
						l	Indefinite	li	\$1,001-\$15,000	netho c netho c it was generation into
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						Partnership Income	Royalbes		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income Check all columns that apply. For accounts that generals lax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the Tax-Deferred rohum. Dividends, intermet, and capital gains, even if reinvestand; must be disclosed as income for assets held in transhe accounts. Check 'None' if the asset generated no income during the reporting period.
				_	X				None	Arnoun Arnoun Arnoun Arnoun For assets for which you check may check the 'None' column category of income by chec Dividends, interest, and camust be disclosed as laco must be disclosed as laco generated. "Column XII is for assets held in which you have no interest
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H								~	\$1001-\$2,500	Arr which yo > "None" > "None" > those is closed; a Check " for asse ave no in
						×				nount outher column y chec and ca as inco 'None' 'None'
				<u> </u>		┡			\$5,001-\$15,000 ≤ \$15,001-\$50,000 ≤	Amount of Income hyou checked Tax-Deferre* column. For all other to by checking the approx. t. and capital gains, en d as income for asset k. None* if no income ks None* if your spouse to interest.
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				<u> </u>					Over \$5,000,000 ×	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. Dividents, interset, and capital gains, even if reinvested must be disclosed as lincome for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.
									Spouse/DC Asset with Income over \$1,000,000"	
							: : : : : :	S(part)	Leave this column blank if there are no transactions that exceeded \$1,000.	Transaction Indicate if the asset had purchases (P), sets (S) or suchanges (E) acceeding \$1,000 in the reporting penod in the aporting penod an asset was sold please indicate as follows (S (part)).

SCHEDULE D - LIABILITIES

EMMURE Page 3 of 4	Name: NULL	
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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 your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or 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 you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

				sp, DC. JT		
		Edis	Example			
		tage Home Mestgage	First Bank of Wilmington, DE	Creditor		
		=======================================	5988	Date Liability Incurred MO/YR		,
		mochase	Mortgage on Rental Property, Dover, DE	Type of Liability		
			T	\$10,001- \$15,000	>	
				\$15,001- \$50,000	9	
				\$50,001- \$100,000	0	
			×	\$100,001- \$250,000	_©	
		×		\$250,001- \$500,000	m	Amount of Liability
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				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	٤.	
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SCHEDULE E - POSITIONS

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

held in any religious, social, fratemal, or political entitles (suc	held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: DAUIO	
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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

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 (FGDA, 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

Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Government of China (MECEA)	Aug 6-11	DC-Beijing, Chroa-DC	Y	Y	Z
Everypées: Habitat for Humanity (charify fundraiser)	Mar. 3-4	DC-Boston-DC	¥	Y	¥
The Heritage Coundation 1/28-1/30 DC-Middleburg, U	1-35/1	DC-Middleburg, UA-DC	7	~	ح
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