₁ild Yes ☐ No ☑	ets, "unearned" income, transactions, or liabilities of a spouse or dependent ch Do not answer "yes" unless you have first consulted with the Committee on	ou excluded from this report any other ass se they meet all three tests for exemption? ards of Official Conduct.	
sted Yes No V	regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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?	
STIONS	ATION ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE	1 1
	schedule attached for each "Yes" response.	If yes, complete and attach Schedule V.	_
and the appropriate	Each question in this part must be answered and the appropriate	Did you, your spouse, or a dependent child have any reportable liability  V. (more than \$10,000) during the reporting period?  Yes [] No []	
	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 Period?	
Yes No	VIII. current calendar year?  If yes, complete and attach Schedule VIII.	III. more than \$200 in the reporting period or hold any reportable asset worth  Yes No  If yes, complete and attach Schedule III.	
	If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule II.	_
le travel or No 🗸	Old you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Did any individual or organization make a donation to charity in lieu of paying  11. you for a speech, appearance, or article in the reporting period?  Yes No V	
	If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.	_
herwise Yes No V	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 Yes No 🗸	
	QUESTIONS	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	1
more than 30 days late.	tion	Type Annual (May 15) Amendment Termination	
A \$200 penalty shall be assessed against anyone who files	Officer Or Employing Office: Employee	Filer  Member of the U.S. State: FL  House of Representatives District: 10	
(Office) Fig. (Office)	(Daytime Telephone)		
HAND NO	202-225-5961	C. W. Bill Young	
	FORM A Page 1 of 2 For use by Members, officers, and employees	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	

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JT	SP	٦	If you so choo that of your s in the optiona	Exclude: You debt owed to parent or sibl savings acco	in the accour plans that are and its value that is not pu its activities, information,	in which you investments)	land, provide mutual funds	a fair market and (b) any o	ASS		
Second mortgage for son Patrick Young	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.	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.	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	land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other	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 report or report of	Asset and/or Income Source	BLOCK A	
\$15,001 - \$50,000	\$1,001 - \$15,000	\$50,001 - \$100,000			included only because it is generated income, the value should be "None."	value, please specify the method used. If an asset was sold and is	valuation method other than fair market	at close of reporting	Year-End	BLOCK B	
None	None	INTEREST		de la company de	appropriate box below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income	other assets including all IRAs, indicate the type of income by checking the	specific investments, you may write "NA". For all	apply. For retirement plans or accounts that do	Type of Income	BLOCK C	
NONE	NONE	\$201 - \$1,000			Dividends and interest, even directly should be listed as income. Check "None" if no income was earned or generated.	IRAs, indicate the category of income by checking the	"NA" for income. For all other assets, including all	accounts that do not allow you to choose specific	Amount of Income	BLOCK D	
						reporting year.	exceeding \$1,000 in	had purchases (P), sales (S), or	Transaction	BLOCK E	