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UNITED STATES HOUSE OF REPRESENTATIVES For New Member	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Geoff Young Daytime Telephone:	hone:	2016 FEB     PM  : 32
New Member of or Candidate for State: KY  U.S. House of Representatives District: 6  Candidates – Date of Election:	Check if Amendment	U.S. HÖUSE OF REPRESENTATIVES  (Office Use Only)  (C)
STATUS  New Officer or Employee  Employing Office:	Period Coyered: January 1, 2016 to 14/8/16	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS	STIONS	
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?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting period Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes Volume No reporting period?	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	or arrangements with Yes No V
D. Did you, your spouse, or your dependent child have any reportable Yes No Viability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	s? No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	CHEDULE IF YOU ANSWER "YES"	S" ) COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	ON - ANSWER BOTH OF THESE QUESTIONS	E QUESTIONS
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 that benefits you, your spouse, or your dependent child?	other "excepted trusts" need not be disclosed. H	ave you excluded from Yes No 🗹
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	or liabilities of a spouse or dependent child because they meet all three	se they meet all three Yes No V

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DULE A - ASSETS & "UNEARNED INCOME"
Name: Geoffr
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BLOCK A	вгоскв	BLOCK C	ВГОСК Ф	
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income	
Identify (a) each 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 which generated more than \$200 in unearmed income during the year.		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as 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, Inferrest, and capital gains, even if reinvested, must be disclosed as income 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.	column. For all dends, interest, held in taxable est.
Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Column M is for assets held by your spouse or dependent Check "None" if the asset generated no child in which you have no interest.	Check "None" if the asset generated no income during the reporting period.		
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.				
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.	> BB CO CO EN			× × × ×
For rental and other real property held for investment provide a complete address or description, e.g. rental property," and a city and state.		me)		
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.		me or Farm Inco		
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.		, Partnership Incoo	0*	0*
If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.			\$1,000,00	\$1,000,00
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	15,008 15,008 150,000 \$250,000 \$500,000 \$1,000,000 01-\$5,000,000 01-\$25,000,000 001-\$50,000,000	ET GAINS ED/BLIND TRUS	2,500 5,000 15,000 15,000 15,000 \$100,000 \$1,000,000 11-\$5,000,000 1000,000 1000	\$1,000,000 01-\$5,000,000 000,000 PC Income over
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	None \$1-\$1,000 \$1,001-\$1 \$15,001-\$ \$50,001-\$ \$100,001 \$250,001 \$500,001 \$5,000,00 \$5,000,00 \$25,000,00	TAX-DEF	\$1,000,00 Over \$5,0 Spouse/D None \$1-\$200 \$201-\$1,0 \$1,001-\$: \$2,501-\$1 \$5,001-\$:	\$1,000,00 Over \$5,0
Sp. Mega Corp Stock Eff	×	×	× ×	
Framoles:	Indefinite	Royalties	× × × × × × × × × × × × × × × × × × ×	
ABC Hedge Fund X	×	Partnership Income	×	
Ky Deferred Comp	×	X X 578	× ×	
	×	× × Aviva)	×	
fidelity Inheritance	*	X X Kutval	×	
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### SCHEDULE C - EARNED INCOME

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List the source, type, and amount of eamed income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse eamed income exceeding \$1,000. See examples below.
<b>EXCLUDE</b> : Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.  Amount	come may apply to you after yomit is \$27,225. In addition, cert staff.	ou are on House payroll. The 2014 ain types of income (notably honoran	I limit on outside earned income for ia, director's fees, and payments for
Source (include date of receipt for honoraria)	Туре	Am Current Year to Filing	Amount Preceding Year
ABC Trade Association, Baltimore, MD (July 15).  State of Maryland  State of Maryland  Civil War Roundtable (Oct. 2)  Ontario County Board of Education	Honorarium Salary Spouse Speech Spouse Salary	\$0 \$20,000 \$0 N/A	\$500 \$76,000 \$1,000 N/A
Retirement- Ky State Emphyse		Filed on 1/19/16	5,000

#### SCHEDULE D - LIABILITIES

Name: Geoffrey M. Young

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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 (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 period. New 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 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 exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

					SP DC, JT		
				Example			
			7 m m - 0	First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	œ	
					\$50,001- \$100,000	ဂ	
				х	\$100,001- \$250,000	D	
					\$250,001- \$500,000	ļπ	moun
					\$500,001- \$1,000,000	71	Amount of Liability
					\$1,000,001- \$5,000,000	စ	ability
					\$5,000,001- \$25,000,000	I	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	۲	
<u> </u>	1	1	1		Over \$1,000,000*	_	1

#### **SCHEDULE E - POSITIONS**

entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new amplitudes report positions held in the current calendar year and two previous years. Report all positions, compensated or uncompensated, 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, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political

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			Position	the current calendar year. First-year candidates and new en
			Name of Organization	the current catendar year. First-year candidates and new employees report positions neigh in the current catendar year and two previous years.

#### SCHEDULE F - AGREEMENTS

o, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during	AGREEMENTS
	Name: GOFFRA M. Young
he period of government service;	Page 5 of 5

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

		 _	 
Date	2/2/16		
	Myself and		
Parties to Agreement	14 50 411 SANDOWIND PND JUSTY 91/2/2		1
	continued par		
Terms of Agreement	participation		
greement	in state		
	ticitation in state retirement system		

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

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	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services