Name: DAUID EDMUND YOUND Daytime Telephone: 515-371-5669 UNITED STATES HOUSE OF REPRESENTATIVES 2017 FINANCIAL DISCLOSURE STATEMENT REPORT TYPE FILER STATUS 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S. State: Jawa District: Wrd Amendment For Use by Members, Officers, and Employees Form A Employee Officer or Employing Office: Termination Date of Termination: 18 MAY 15 PM 3: 48 (Office Use Only) GFF LOUF INDUSTRIBLES OF REPRESENTATIVES A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISLATIVE RESOURCE CENTER HAND DELIVERED Shared Staff Filer Type: (If Applicable) Principal Assistant

PRELIMINARY INFORMATION -. ANSWER EACH OF THESE QUESTIONS

ESTIONS	DRMATION - ANSWER EACH OF THESE QUI	NT, OR TRUST INFO	IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS
YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	×os ×os	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	t. 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?	×s 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	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during 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 reporting period?
Yes No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes No	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	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. Receive more than \$200 in uneamed income from any reportable asset during the reporting period?
		TO TO TO TO	

*	Yes No .	EXEMPTION - Have you excluded from this report any other assets, "unearned" 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.
* }	Yes No. [2]	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 dependent child?
Yes No	Yes.	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 the Committee on Ethics for further guidance.

						Г	=	, 5, 5	ŝ	를 자	988	o m = o x o y	hom hom inco	Busi 960	Ten.	#5.0 #5.0	# 6 P	G 5	in a second	Q Q		1
				O.	9		Examples	\neg	1	16 to 1	If you so choose, you may indicate that an easet 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.	If you report a privately-traded fund that is Excepted investment Fund, please check the "E box.	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.	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.	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 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 all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual runos (do not use only ticker symbols).	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 "unearied" income during the year.	dentify (a) each asset held for investment or production of income and with a fair market value	Ass	۱
			خ	۹.	430		8	Tuo	ı	detailed discussion into, please refer to the	child option	port a Invest	four progra	locati	ocarty."	and off	Ma an	only	g \$1,000 at the end of the reporting pervary other reportable asset or source that generated more than \$200 in "unearns turing the year.	3 ° ₹ 8	Assets and/or Income Sources	ı
	1		9	3		L	(0)	8	١	18 G	8 C = 5	nent Div	ersonal a ton hom a reporter income m, inclu	on in E	and a	aning linan	d offix vide #	icker s	atth herre mated syear		ndfo (
	1	5	5	3041	4	ABC Hedge Fund	Simon & Schuster	Mega Corp. Stock	ı	er to	and of the state o	stely-tr Fund,	Magnitudes of the de	ded of lock/	address city as	sh acc accou icial ir erest-l	# # # # # # # # # # # # # # # # # # #	Symbo	portain portain	8		BLOCK A
		SL	5	٠,	•	ĝ.	Schus	ş Ş	ı	et kar Sari	your your n the	Street	asidence as (unites g period) derived ing the T	a state	2 S S S S S S S S S S S S S S S S S S S	ounts nts. If stilus	report	le).	than s	₹		>
			1	7		Z	5	2		of S	spou spou held a	e cha	includ s there and a from hrm Sar	the n	e description	the a	ing thi	and	sel o	for investment or	So	ı
		7	8	7			-		l	Schedule ction bookle	± 8 ±	SE HE	ding s any fir any fir avings	eld busing name of ns. and	notion	the a	ns (su asset t	numan	oru.	estrice.		ı
	\dashv	-		-		×		+	9	e e	sp o		ing second was rental ny financial a federal vings Plan.	of the	e g.	MACOUNT	<u>2</u> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	, indi	nce of	yahan da	(F	ı
						┢		1	7	None	477		. 2224			>	T					1
								T	1	\$1-\$1,000						α	1	DAG	n ass	e die		ı
							Indefinite		1	\$1 001-\$15	,000	· · · · · · · · · · · · · · · · · · ·			,	·		And trave to titletex.	M is to	alue metho		ı
	_					┢	*		1	\$15,001-\$5	0,000					-	1	Ž	s sold	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ı
	_		- :	_		-		×	┨	\$50,001-\$1									durin noom		_	I
$\vdash \vdash$				 		┢	-	+^	┪	\$100,001-\$						7	-		used. If an asset was sold during the reporting period and is included only because if generated income, the value should be "None." Column M is for assets held by your spouse or dependent child in which	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method	Value of Asset	9
				-	×	×		\dagger	1	\$250,001-\$	500,000						,		value value		of J	BLOCK B
$\vdash \vdash$			-	-		一	 	 	1	\$500,001-\$	1,000,000					3	:]		showk ting p	e rep	888	•
				-			 	-	1	\$1 000,001	-\$5,000,000						1		or dep	pring	*	ı
				Г					1	\$5.000,001	\$25,000,000					L			and a	Se se		ı
									1	\$25,000.00	1-\$50,000,000					,			nt chile	0 7		I
									1	Over \$50,0	00,000			· · · · · · · · · · · · · · · · · · ·		٠			₹ 60 E	폴		ı
										Spouse/DC	Asset over \$1	,000.000 *				3	:					
					×					NONE									529 acc column. even if for asset if the as	Chec		ı
		<u> </u>						>	<u>'</u>	DIVIDEND	S						4	٤	accou	100 E		
			_	L	_	<u> </u>	_	1	4	RENT							4		nts). Divide head pene			ı
		ļ	<u> </u>		1	┖		-	_	INTEREST			****				4		you make	med :	Ϋ́	╽
		<u> </u>		<u> </u>		<u> </u>	_	_	4	CAPITAL (-			-		Table Internal	20 M	ġ.	BLOCK C
		<u> </u>			-		-	+	4	TAX-DEFE	D/BLIND TRUS	51							529 accounts, you may check the "Tax-Def column. Dividends, Interest, and capital is even if relivested, must be disclosed as in for assets held in taxable accounts. Check " if the asset generated no income during the rep	916 91	Type of Income	õ
		<u> </u>		Ŀ					╛	1AA-UEFE									the interest	\$ ₹	10	ı
						Income				Other Type (Specify a	of Income g., Partnership	income or F	arm Income)						Check and Check	6000 (*)		
					A CONTRACTOR	and a		3		(apaul), D	· g 1 Sa a sa sa sa sa								529 accounts), you may check the "far Defensel" column. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or		1
		_	H	H		╂	-	+	-	None							_	٩ ، ٤				4
		 	_	├		1		+		\$1-\$200							1	*Column XII is for assets held by child in which you have no interest.	Dividends must be accounts. generated.	ay chi		ı
		├-	-	╁	1	╂	l_	+		\$201-\$1,0	00	<u> </u>						Ž ¥	2 2	文章		ı
	-	-		-		╁╴	+-	,	$\overline{}$	\$1,001-\$2								you do	Chec	8 ¥ 8		١
-		\vdash	╁	\vdash	-	×	+	\dagger	1	\$2.501-\$5	.000						<u> </u>	9886 1	ncome by checking the appropries, and capital gains, ever closed as income for assets check "None" if no income	8 4	Amount of income	ı
		一	╁	\vdash	 	T	+	-	_	\$5,001-\$1	5,000						s	0 S T T T T T T T T T T T T T T T T T T	one di cal	check Numn.	Ĭ	멸
			\vdash	t		t	T	-		\$15,001-\$	50,000					:	<u>s</u>	, Š	7 8 8 E	ᇫ	약	BLOCK D
			† ···-	†	-			\uparrow	1	\$50,001-\$	100,000						<u> </u>	0	yeine, inco	으로 있는 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이	100	Ĭ
		\vdash	Τ	T	\top	T	1	\dagger	٦	\$100,001-	\$1,000,000						₹	spous	weets I	fermed berned	9	I
		Г	\vdash	T	 	T	1		7	\$1,000,00	1-\$5,000.000					:	<	ğ	Take I	Sets in		1
										Over \$5,0	00,000						<u>s</u>	Column XII is for assets held by your spouse or dependent shild in which you have no interest.	category of income by checking the appropriate box below. Dividends, Inherest, and capital gains, even if reinvested. Dividends is income for assets held in taxable accounts. Check "None" if no income was samed or generated.	For assets for which you checked "Tax-Defemed" in Block C. you may check the "None" column. For all other assets indicate the		
											C Asset with In	come over \$1	1,000,000,				<u> </u>					
							-		S(part)	P, 68	,					blank if no trant that exc \$1,000	please	H only	sales (5), or exchanges (E) exceeding \$1,000 in the reporting period.	Indicate if asset had	Tra	В
					1		į			8, S(part), or E	ı					blank if there are no transactions that exceeded \$1,000.	please indicate as follows: (S (part)).	If only a portion of	purchases (P), sales (S), or exchanges (E) exceeding \$1,0 in the reporting period.	ndicate if the asset had	Transaction	BLOCK E
									Ì	<u> 후</u>						ed sug	pert))	tion o	斯(m [*] ?)	.	ion	m
		Ц.		۰.	<u> </u>		-	i									- ω ί	. 14.				

SCHEDULE D - LIABILITIES

CIMY: Summer
Chuud
Pourso
Page 2 of
c

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. Wembers: 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, perent, 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.

		Бо. Э		
F Sport	Ехатрю	7		
racy. Home Morts-ye	First Bank of Wilmington, DE	Creditor		
1111	5/15	Date Liability Incurred MO/YR		
mortgage	Mortgage on Rental Property, Dover, DE	Type of Liability		
		\$10,001- \$15,000	>	
		\$15.001- \$50,000	100	
		\$50,001- \$100,000	c	
	×	\$100,001- \$250,000	Đ	Ą
X		\$250,001- \$500,000	m	Amount of Liability
		\$500,001- \$1,000,000	'n	of Lia
		\$1,000,001- \$5,000,000	G	bility
		\$5,000,001- \$25,000,000	Í	
		\$25,000,001- \$50,000,000	-	
		Over \$50,000,000		

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, labor organization, or educational or other institution other than the United States. Exclude: Positions

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

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Iame: DAUID	
BYMY LOD	
Long	
Page_	
٦	
of C	

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 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.

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 the filer.

ule iller.						
	Source	Dete(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECSA)	Aug 6-11	DC-Bejing, China-DC	٧	Y	2
Exemples	Habitel for Humandy (charity fundrasient	Mar. 3-4	DC-Boston-DC	Y	Υ	Υ
A STATE	Minican Techal Galestion	4(8-9/8	ISOK, VIMINIT - MST	Y	4	Z
لړ	i	,	MST-			
,				=		
Catto	al Committee on	4/15-9/24	DC-Beijim, ching-	-ر	2	>
ر الر	U.S Chim Rolations	•	DC			
					and the state of t	
	The desired and the second					
	Appendigment on the control of the c					