

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

FORM B
For New Members, Candidates, and New Employees

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JUN 25 2020

Name: Geoffrey M. Young Daytime Telephone _____

LEGISLATIVE RESOURCE CENTER

CC

FILER STATUS	☒ New Member of or Candidate for U.S. House of Representatives Candidates - Date of Election: <u>June 23, 2020</u>	State: _____ District: _____ <i>Primary</i>	☐ Check if Amending	2020 JUL -1 AM 5:59	Use Only)
	☐ New Officer or Employee Employing Office: _____	Staff Filer Type (If Applicable): Shared ☐ Principal Assistant ☐	Period Covered: January 1, _____ to _____	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	At 2020 penalty shall be assessed against any filer who does not file more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

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? <i>gg</i> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? 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 ☒
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 ☐	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 ☒
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 ☒	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes ☒ No ☐ <i>deferred compensation</i>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE 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 dependent child?	Yes ☐ No ☒
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or 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 ☒

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Use additional sheets if more space is required.