

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

FORM B
 For New Members, Candidates, and New Employees

Name: Geoffrey M. Young Daytime Telephone: _____

New Member of or Candidate for U.S. House of Representatives
 State: Kentucky District: 6
 Candidates - Date of Election: May 15, 2022 - Finally, Nov 8 '22

Check if Amendment

Staff Filer Type (If Applicable):
 New Officer or Employee
 Employing Office: _____
 Shared Principal Assistant

Period Covered: January 1, 2021 to May 15, 2022

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

LEGISLATIVE RESOURCE CENTER
 2022 JUN -2 AM 11: 52
 OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES
 (Office Use Only)
 MAY 16 2022

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p>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. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>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?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>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?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

**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

