

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
Geoff Young for Congress

ADDRESS (number and street) 454 Kimberly Pl
 Check if different than previously reported. (ACC) Lexington KY 40503

2. **FEC IDENTIFICATION NUMBER** ▼ C C00561548 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
Lexington KY 40503 KY 06

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 05 / 20 / 2014 in the State of KY
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 04 / 01 / 2014 through 04 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Geoff Young
Signature of Treasurer Mr. Geoff Young *[Electronically Filed]* Date 05 / 12 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Geoff Young for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	100.00	100.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	100.00	100.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14745.70	16046.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	14745.70	16046.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	34819.06	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	50600.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Geoff Young for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	100.00	100.00
(iii) TOTAL of contributions from individuals ▶	100.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	100.00	100.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	50600.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	50600.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	100.00	50700.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14745.70	16046.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	14745.70	16046.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	49464.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	100.00
25. SUBTOTAL (add Line 23 and Line 24).....	49564.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14745.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	34819.06

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Geoff Young for Congress

Full Name (Last, First, Middle Initial) A. Allegra Print & Imaging		Date of Disbursement MM / DD / YYYY 04 / 17 / 2014
Mailing Address 198 Moore Dr.		Amount of Each Disbursement this Period 2840.80 Transaction ID : SB17.4190
City Lexington State KY Zip Code 40503	Purpose of Disbursement Printing 004 Category/Type	
Candidate Name Geoff Young for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 06		

Full Name (Last, First, Middle Initial) B. Christensen & Associates		Date of Disbursement MM / DD / YYYY 04 / 01 / 2014
Mailing Address 209 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.4243
City Washington State DC Zip Code 20003	Purpose of Disbursement Consulting fee 003 Category/Type	
Candidate Name Geoff Young for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 06		

Full Name (Last, First, Middle Initial) c. Clear Channel Radio Lexington		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address P.O. Box 406617		Amount of Each Disbursement this Period 1545.30 Transaction ID : SB17.4180
City Atlanta State GA Zip Code 30384-6617	Purpose of Disbursement Radio ads 004 Category/Type	
Candidate Name Geoff Young for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 06		

SUBTOTAL of Disbursements This Page (optional).....	11886.10
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)
Geoff Young for Congress

Full Name (Last, First, Middle Initial) A. Clear Channel Radio Lexington		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address P.O. Box 406617		Amount of Each Disbursement this Period 1552.10 Transaction ID : SB17.4187
City Atlanta	State GA	
Zip Code 30384-6617	Purpose of Disbursement Radio ads	Category/ Type
Candidate Name Geoff Young for Congress	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 06	

Full Name (Last, First, Middle Initial) B. FedEx Office		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 2552 Larkin Rd		Amount of Each Disbursement this Period 4.77 Transaction ID : SB17.4217
City Lexington	State KY	
Zip Code 40503	Purpose of Disbursement Copying	Category/ Type
Candidate Name Geoff Young for Congress	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 06	

Full Name (Last, First, Middle Initial) c. FedEx Office		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 2552 Larkin Rd		Amount of Each Disbursement this Period 5.09 Transaction ID : SB17.4233
City Lexington	State KY	
Zip Code 40503	Purpose of Disbursement Copying	Category/ Type
Candidate Name Geoff Young for Congress	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 06	

SUBTOTAL of Disbursements This Page (optional).....	1561.96
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 9
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Geoff Young for Congress

Full Name (Last, First, Middle Initial) A. FedEx Office		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2552 Larkin Rd		Amount of Each Disbursement this Period 7.10 Transaction ID : SB17.4223
City Lexington State KY Zip Code 40503	Purpose of Disbursement Copying 001 Category/Type	
Candidate Name Geoff Young for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 06		

Full Name (Last, First, Middle Initial) B. KyTrade Computer Services		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 373 Virginia Ave.		Amount of Each Disbursement this Period 265.00 Transaction ID : SB17.4192
City Lexington State KY Zip Code 40504	Purpose of Disbursement Personal computer 001 Category/Type	
Candidate Name Geoff Young for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 06		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 1088 Nandino Blvd.		Amount of Each Disbursement this Period 440.00 Transaction ID : SB17.4182
City Lexington State KY Zip Code 40511	Purpose of Disbursement Bulk mail permit 004 Category/Type	
Candidate Name Geoff Young for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 06		

SUBTOTAL of Disbursements This Page (optional).....	712.10
TOTAL This Period (last page this line number only).....	14160.16

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Geoff Young for Congress** Transaction ID : **SC/10.4163**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. Geoff Young** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
454 Kimberly Pl

City State ZIP Code
Lexington KY 40503

Original Amount of Loan 600.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 600.00
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TERMS

Date Incurred M 01 / D 09 / Y 2014	Date Due M M / D D / Y 11/4/14	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="600.00"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Geoff Young for Congress** Transaction ID : **SC/10.4110**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. Geoff Young** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
454 Kimberly Pl

City State ZIP Code
Lexington KY 40503

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS

Date Incurred M 03 / D 31 / Y 2014	Date Due M / D / Y 1/4/14	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	50000.00
TOTALS This Period (last page in this line only).....	50600.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.