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UNITED STATES HOUSE OF REPRESENTATIVES For New Member	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESCURDE CERT.
Name: FOrren K. Shoof Daytime Telephone:	10ne:_	2016 MAY - 4 PM 1: 52 0.5. House of Representatives
New Member of or Candidate for State: NC U.S. House of Representatives District: 13 Candidates – Date of Election: 6/7/2016	Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:	Period Covered: January 1, 2015 to Ase 1 25, 2016	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?	ig the reporting period Yes No
C. Did you or your spouse have "eamed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?	F. Do 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?	arrangement with an Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	CHEDULE IF YOU ANSWER "YES" S THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	N - ANSWER <u>BOTH</u> 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 dependent child?	her "excepted trusts" need not be disclosed. Ha	ave you excluded from Yes No No
EXEMPTION – Have you excluded from this report any other assets, "uneamed" 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.	spouse or dependent child because they meet	all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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×	X	×		×	Indefinite	×	\$1.\$1,000 \$1,001-\$15,000 \$15,001-\$50-000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$1,000,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$25,000,001-\$50,000,000 \$25,000,001-\$50,000,000		assets held by your spouse or dependent have no interest.	Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "brown".	Value of Asset	вгоск в
×	×	×	distribution of the state of th	Partnership	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		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 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as	Type of Income	BLOCK C
X	X	×	X	×	×	×	None — \$1-\$200 = \$201-\$1,000 ≅ \$1,001-\$2,500 \$5,001-\$5,000 ≤ \$5,001-\$10,000 ≦ \$100,001-\$100,000 ∑ \$100,001-\$1,000,000 ∑ \$1,000,001-\$5,000,000 ∑ Spouse/DC Income over \$1,000,000° ∑ \$1,901-\$2,500 = \$2,01-\$1,000 ≅ \$1,001-\$2,500 <	Current Year Preceding Year		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all Sother assets indicate the category of income by checking the appropriate box below. Dividends, interest, 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	Amount of Income	BLOCKD

SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned 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 earned income exceeding \$1,000. See examples below. **EXCLUDE**: 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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. 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.

		Am	Amount
Source (ilicidae date of receipt for florioraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
Examples: Online of Maryanio County Board of Education Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
DRADICAST RADIO - WOSL 1520 AM	Set-jamanjama, jaga seta	<i>5 33</i> 9	12,148
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SCHEDULE D - LIABILITIES

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

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		BRANCE	Example			
		BRANCH BANKING & TENST Co	First Bank of Wilmington, DE	Creditor		
		5/15	5/98	Date Liability Incurred MO/YR		
	MOCKSVINE NC	MORTLAGE ON BUSINESS PROPERTY	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000		
		×		\$50,001- \$100,000	c	
			×	\$100,001- \$250,000	0	
				\$250,001- \$500,000	m	moun
				\$500,001- \$1,000,000	П	Amount of Liability
				\$1,000,001- \$5,000,000	၈	ability
				\$5,000,001- \$25,000,000	Ι	
				\$25,000,001- \$50,000,000		
				Over \$50,000,000	٠	
				Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

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 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 notitions held in the current calendar year and two provious years.

Position	Position Name of Organization

SCHEDULE F - AGREEMENTS

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Name: Farren K. Shoaf	
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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
			Parties to Agreement
			Terms of Agreement

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
Gospe	GOSPIE LICHT BAITIST CHURCH WALKERDAW, NC	BROADCAIT RADIA
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