

2019 APR 23 AM 11:12

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B
For New Members, Candidates, and New Employees

Name: Fear Haywood Shubert Daytime Telephone: _____

(Office Use Only)

FILER STATUS	☒ New Member of or Candidate for U.S. House of Representatives	State: <u>NC</u> District: <u>09</u>	☐ Check if Amendment	Period Covered: January 1, <u>2018</u> to <u>March 31, 2019</u>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	☐ Candidates - Date of Election: <u>5-14-2019</u>				
	☐ New Officer or Employee	Employing Office: _____			
	Staff Filer Type (if Applicable): ☐ Shared ☐ Principal Assistant				

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? <u>or</u> 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 ☐

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 ☒

Name: Fern Hayward Shubert

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Fern Hayward Shubert

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BLOCK A		BLOCK B													BLOCK C								BLOCK D																							
Assets and/or Income Sources		Value of Asset													Type of Income								Amount of Income																							
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Current Year												Preceding Year											
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
	Marshallville Cotton Mill																																													
	Farm, Union St, NC																																													
	Land, Union St, NC																																													
	Acg 1/15/94 to 1/15/95																																													
	First Citizens Bk																																													
	Ne // Howard Family Trust																																													
	All land in Wake Co, NC																																													
	HC Office/Rental																																													
	Acg 1/1/2001 to 1/15/2006																																													
	HC Res Rental																																													
	Acg 5/1/2011 to 12/31/2010																																													
	Duke Energy																																													
	Evbridge																																													
	Res Rental 2/27/2019 to 2/21/2020																																													

Name: Terri Howard Shubert
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Use additional sheets if more space is required.

Names: Fern Haywood Schubert

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THE UNIVERSITY OF CHICAGO

SCHEDULE C - EARNED INCOME

Name: Eric Haywood Shubert

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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 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,785. The 2018 limit is \$28,050. 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.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
Examples:			
ABC Trade Association, Baltimore, MD (Mar 15)	Honorarium	\$0	\$200
State of Maryland	Salary	\$50,000	\$75,000
City of Washington, DC (Jan 2)	Speech Fee	\$0	\$1,000
Ontario County Board of Education	Speech Fee	NA	NA
Beaver Dam Development Inc	CPA Fee	0	300
Marshallville Cotton Mills Inc	CPA Fee	0	5000
Nell R Haywood Family Trust	CPA Fee	0	5000
Fern H Shubert Family Trust	CPA Fee	0	15000 ^{Also in prior yr}
Mc Appraisal Board	Board Member Corp.	0	2000
Union County Board of Elections	Recinct Judge	0	570

SCHEDULE D - LIABILITIES

Name:

Fern Haywood Shubert

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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 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.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							

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 candidate report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
President	Beaver Dam Development Inc
President	Myersville Cotton Mills, Inc
Trustee	Nell R Haywood Grandchildren Trust
Trustee	Nell R Haywood Family Trust
Trustee	Fern H Shubert Family Trust

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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 employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Board Member	NC Appraisal Board - (Vice Chair during past 6 periods)
Precinct Judge	Waring County, NC Board of Elections
President	South Elm St Investors Inc

SCHEDULE F - AGREEMENTS

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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 obtaining participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
Various	Myself + State of NC	Legislative & other pensions administered by NC Health Ins. (Other - 2 municipal employers + regular NC employment)

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.

Source (Name and City/State)	Brief Description of Duties
Example: Don Jones & Smith, Hometown, Homestate	Accounting Services