S	ANSWER EACH OF THESE QUESTIONS	1	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	each "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	and the a	answerec	Each question in this part must be
× ⊠	\$5,000 from Yes	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	<u>₹</u>	Yes	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.
Š M	rangement Yes	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	₹	¥ ∑	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.
S N	efore the date Yes X	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	N _S	Yes 🖂	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
		SE QUESTIONS	OF THES	R EACH	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
ssessed vho files	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Date of Check if Election: Man しんしている Amendment	- Date of Election	ng Office:	Filer Candidate for the State. Ok. 0 House of Representatives District: 1 Status New officer or Employing Office:
2: 04 HIATIVES	2012 JAN 11 PH 12: 04 CFF 132 DF 12E CLERK U.S. HOUSE OF REPRESENTATIVES	Daytime Telephone:	Daytime		Name: NINA TURNER
Page 1 of 012	7JAN - 6 2012	FORM B For use by candidates and new employees	ااعدا	†	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1,201(December 31)

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, 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.

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 benefiting you, your spouse, or a dependent child?

Yes

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Yes

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name NINA luruér

Page 2 or 5.

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a 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 Bassaya pay) fodoral retirement programs, and bonofits received under the Section Section 1.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefi	ement programs, and benefits re	its received under the Social Security Act.	Security Act.
College disclude date of receipt for becomes	Two	Amount	ount
Cource (include cate of receipt of includents)	iybe	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
State of Ohio, Ohio Senate	Salary	63,458	\$ 63,458
Turner's Would Enterprises	France	000	7,996
o I	Sclary	73,610	\$ 73,610
	Spouse Salary	ハイ	NA
Re-oft	Mileneye Perimbursemand	5,534.10	5,534.10

LNG Hetnt	State Restaux Radi Sys	Public Employee Ref Sys		Examples: Simon & Schuster	SP Mega Corp. Stock	For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (IT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	account and its value at the end of the reporting period.	Asset and/or Income Source Identity (e) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, owen if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed.
×	*	×	×	Indefinite	×	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 \$25,000,001 - \$50,000,000	ABCDEFGHIJKL	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
×		×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if relinvested, must be disclosed as Income. Check "None" if the asset generated no income during the reporting period.
2		×		X	×	None	Current Year Preceding Year	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other 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. Check "None" if no income was earned or generated.

SCHEDULE III — LIABILITIES

Name NINA TURNER

Page (of S

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); toans secured by automobiles, household furnitively. ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

SP, DC,	Creditor	Date Liability	Type of Liability			- B	- w	- w	- w	A B C D E F C	A BB C D III F G D D D D D D D D D D D D D D D D D D	B C D E F G C H C C C C C C C C C C C C C C C C C
ű,	Creditor	Incurred mo/year	туре от глариту		\$10,001— \$15,000	\$15,000 \$15,001 \$50,000	\$15,000 \$15,001— \$50,000 \$50,001— \$100,000	\$15,000 \$15,001— \$50,000 \$50,001— \$100,000 \$100,001— \$250,000 \$250,001—	\$15,000 \$15,001— \$50,000 \$50,001— \$100,000 \$100,001— \$250,000 \$250,001— \$600,000	\$15,000 \$15,001— \$50,000 \$50,001— \$100,000 \$100,001— \$250,000 \$250,001— \$600,000 \$1,000,000	\$15,000 \$15,001— \$50,000 \$50,001— \$100,001— \$250,000 \$250,001— \$500,001— \$1,000,000 \$1,000,000 \$5,000,000 \$5,000,000	\$15,000 \$15,001— \$50,001— \$100,000 \$100,001— \$250,000 \$250,000— \$500,000— \$1,000,000 \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE		DE -							
	Sollie Mas	Sept 197	Set 1997 Showert Loan				×	×	×	×	X	X
	Wells fango	June Zeei	June 2001 Mortgage Cleucking shio	no, shiom	no, shiom	no, shiomy	no, shiomy	objection X	objection X	no, shio X	objection X	objoin X
				and the same of th								

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); nd positions solely of an honorary nature.

and positions solely of an isolotary flatero.	
Position	Name of Organization
P	Claretan ? Police Foundation
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SCHEDULE III — LIABILITIES

Name NINA TURNER

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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 dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnity. ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

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					Example:		
					Example: First Bank of Wilmington, DE	Creditor	
		,	<u> </u>		May 1998	Date Liability Incurred movyear	
					Mortgage on 123 Main Street, Dover, DE	Type of Liability	
						\$10,001 \$15,000	
						\$15,001— \$50,000 ©	
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						\$250,001— \$500,000 m	ž
	_	7				\$500,001 \$1,000,000	Amount of Liablity
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						\$5,000,001— \$25,000,000 エ	
						\$25,000,001—_ \$50,000,000	
L						Over \$50,000,000	

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

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and positions solely of all individually flations.	auro.
Position	Name of Organization
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