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	esponse.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	and the	e answerec	Each question in this part must b
No No	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.	8	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.
No	Yes 🔲	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	S □	Yes 🔀	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.
o N	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.	No U	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.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH 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 benefiting you, your spouse, or a dependent child?

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.

Yes

S N

Yes

v ⊠

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Robert Folward Turner IK

Page 2 of 7

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 Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

							iecl	Harris County, Texas Public Schools	XYZ Trade Association, Chicago, IL (Rec'd December 2)	$\overline{}$	XYZ Corporation, Houston, TX	Source (include date of receipt for florioralia)	Composition and the state of constant for homeonical
						<	Salary	Spouse Salary	Honorarium	Director's Fee	Salary	יאָדים	Tuno
						`	<i>\$13,1933</i>	NA	0	\$ 400	\$6,300	Current Year to Filing	Amount
							# 17,333	NA	\$1,000	\$3,200	\$28,450	Preceding Year	unt

1 of 7

BLOCK A

Asset and/or Income Source

Identify (a) 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.

(do not use ticker symbols). Provide complete names of stocks and mutual funds

in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, citic investments), provide the value for each asset held account and its value at the end of the reporting period. provide only the name of the institution holding the have the power, even if not exercised, to select the speplans) that are self-directed (i.e., plans in which you For **all IRAs** and other retirement plans (such as 401(k)

provide a complete address. For rental or other real property held for investment,

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the reporting period.

asset generated no income during as Income. Check "None" if the

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.

derived from, a federal retirement program, including the Thrift Savings Plan. 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 nomes and vacation homes (unless there was rental Exclude: Your personal residence, including second

ent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. income source is that of your spouse (SP) or depend-If you so choose, you may indicate that an asset or None

\$1 - \$1,000

please refer to the instruction booklet For a detailed discussion of Schedule II requirements,

DC, Examples:

SP Mega Corp. Stock Simon & Schuster

HE Tunes Annuity

1st Bank of Paducah, KY accounts

Rock Greek Partners I

×

Yacht Onawa, LLC

Goldman Socks

Energy City, LLC

Value of Asset **BLOCK B**

valuation method other than fair of reporting year. If you use a market value, please specify the method used. Indicate value of asset at close

only because it generated reporting year and is included If an asset was sold during the income, the value should be "None."

Type of Income

BLOCK C

Check all columns that apply. For if reinvested, must be disclosed plans or IRAs), you may check the deferred income (such as 401(k) ments <u>or</u> that generate taxallow you to choose specific invest-Interest, and capital gains, even retirement accounts that do not "Tax-Deferred" column. Dividends,

BLOCK D

Amount of Income

appropriate box below. Dividends, interest, and capital gains, even if reinvested, must the category of income by checking the For assets for which you checked "Tax-Deferred" in Block C, you may check the income was earned or generated. "None" column. For all other assets, indicate be disclosed as income. Check "None" if no

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SCHEDULE III — LIABILITIES

Name Robert Edward Turner I

Page 5 of 7

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); 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 a spouse, or the child, parent, or sib-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 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.

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SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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 offi-

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

and positions solely or an incitorally nature.	AUTO
Position	Name of Organization
Trustee	R.E. Turner II Annuity Trust
Member	Rock Greek Partners, LLB Rock Creek Partners I
Member	Yacht Onawa, LrC
Member	Energy City, LLC
Director	Ted's Montana Grill

Use additional sheets if more space is required.

SCHEDULE III — LIABILITIES

Name Robert Edward Turner I Page

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. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 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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Creditor	Example: First Bank of Wilmington, DE					
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SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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 offi-

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

and positions solely of an inolitically hardies	awio.
Position	Name of Organization
Director	Turner toundation
Director	South Carolina Aquarium
squaric	Jane Smith Turner Foundation
Director	Children's Museum of the Low Country
Director	South Carolina Maritime Foundation

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SCHEDULE III — LIABILITIES

Name Robert Educat Turner IL P

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); 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 a spouse, or the child, parent, or sibling 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. 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

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	Example: First Bank of Wilmington, DE	Creditor
	May 1998	Date Liability Incurred mo/year
	Mortgage on 123 Main Street, Dover, DE	Type of Liability
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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, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

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

min positions series as an instruction of instruction	
Position	Name of Organization
Director	Community Sailing Foundation