

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT—FINANCIAL DISCLOSURE STATEMENT

FORM B—For Use By Candidates and New Employees

WHO MUST FILE AND WHEN: A candidate for the U.S. House of Representatives must file a Financial Disclosure Statement each year. The candidate's first report is due within 30 days of becoming a candidate (by raising or spending more than \$5,000) or by May 15th of the calendar year in which he or she becomes a candidate, whichever is later, but, in any event, at least 30 days before the primary or general election. A clear postmark is accepted as the filing date.

A covered new employee of the Legislative Branch must file a Financial Disclosure Statement within 30 days of beginning the job.

A \$200 late filing fee shall be assessed against any individual who files more than 30 days after the due date of a report or amendment (or the date of any extension). Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file the attached report may be subject to civil penalties and criminal sanctions. See Section 104 of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101-111) and 18 U.S.C. § 1001.

REPORTING PERIOD: Information must be reported for the preceding calendar year and current year to date of filing. Sources of compensation over \$5,000 and positions must be reported for the two prior years (24 months).

Information regarding assets and liabilities, must be current as of a date which is within 30 days of this form's filing date.

WHERE TO OBTAIN ASSISTANCE: Committee on Ethics, U.S. House of Representatives, 508 Ford House Office Building, Washington, DC 20515. Telephone: (202) 225-7103.

Additional forms and instructions may be obtained from the Committee.

Requests for extensions of time for filing must be in writing and addressed to the Committee (or the relevant legislative branch agency). An extension request must be *received* (not postmarked) no later than the due date. The maximum extension is 90 days, but no extension can be granted allowing a candidate to file less than 30 days before an election.

BEFORE FILING: Complete all parts. Please type or print neatly using blue or black ink. Do not use pencil. Attach additional sheets if necessary, indicating the section being continued. Type or print your name at the top of each page filed.

ANSWER EACH QUESTION ON THE PRELIMINARY INFORMATION PAGE and attach the appropriate schedule for each "Yes" response. Sign and date the form.

Remove this cover page before filing.

**Separate pages and file only those required.
Do not file blank schedules.**

RETURN COMPLETED STATEMENT TO:

**The Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515-6612**

Filing Instructions for Candidates: File a signed original and two photocopies of your report, including all attachments.

Filing Instructions for Employees: File a signed original and one photocopy of your report, including all attachments.

UNITED STATES HOUSE OF REPRESENTATIVES
ETHICS IN GOVERNMENT ACT
FINANCIAL DISCLOSURE STATEMENT — FORM B

Please provide the following information. Your address and signature WILL NOT be made available to the public.

MICHAEL JEFFREY TURNER 405-740-6495
 (Print Full Name) (Daytime Telephone)

18608 SADDLE RIVER DR. EDMOND, OK 73012
 (Complete Address - Office or Home)

Filer Status Candidate New Employee

CERTIFICATION - THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED
 The attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available for review by the public and will be reviewed by the Committee on Ethics or its designee. Any individual who knowingly and willfully falsifies or willfully knowingly and willfully fails to file the attached report may be subject to civil penalties and criminal sanctions. See Section 104 of the Ethics Government Act (5 U.S.C. app. 4 §§ 101-111) and 18 U.S.C. § 1001.

Certification	Signature of Reporting Individual	Date
I CERTIFY that the statements I have made on the attached Financial Disclosure Statement and all attached schedules are true, complete, and correct to the best of my knowledge and belief.	<i>Michael J. Turner</i>	5-20-14

Candidates must file a signed original and two photocopies thereof. Employees must file a signed original and one photocopy thereof.

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW

Certification	Signature of Certifying Official	Date
It is my opinion, based on the information contained in this Financial Disclosure Statement, that the reporting individual is in compliance with Title I of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101-111).		

FORM B	
For use by candidates and new employees	
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	
Period covered: January 1, 2013 - APRIL 30, 2014	
Name: MICHAEL JEFFREY TURNER Daytime Telephone: 405-740-6495	
	(Office Use Only)
	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
Candidate for the House of Representatives <input checked="" type="checkbox"/>	State: <u>OKLAHOMA</u> Date of Election: <u>June 24, 2014</u>
District: <u>5</u>	Check if Amendment <input type="checkbox"/>
New officer or employee <input type="checkbox"/>	Employing Office: _____

In all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

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.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>

SCHEDULE III - LIABILITIES

Name MICHAEL J. 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 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.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability												
				A	B	C	D	E	F	G	H	I	J	K		
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	\$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	\$50,000,001 - \$250,000,000	\$250,000,001 - \$500,000,000	Over \$500,000,000	Spouse/DC Liability over \$1,000,000
	N/A	N/A	N/A				X									

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.

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 honorary nature.

Position	Name of Organization
MEMBER	OKLAHOMA HOUSE OF REPRESENTATIVES
CO-FOUNDER	DRIFTWOOD LLC
PARTNER	GWT INVESTMENTS LLC
MEMBER	JMM& LLC
CO-FOUNDER	MD - ONE LLC

Use additional sheets if more space is required.

SCHEDULE V — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement 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	Terms of Agreement
N/A	N/A	N/A

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
N/A	N/A