

Uniform Conflict of Interest Disclosure Statement

I hereby submit the following disclosure for the purpose of complying with Ind. Code 35-44-1-3(d), and affirm under penalty of perjury that its contents are true.

1. Name and Address of Public Servant Submitting Statement:

William D. Turner, Jr.
1302 Aggie Lane
Indianapolis, IN 46260

2. Title or Position With Governmental Entity:

Member: Board of Education
Metropolitan School District of Washington Township

3. Governmental Entity: Metropolitan School District of Washington Township

County: Marion

4. This statement is submitted as an "annual" disclosure statement, as to my financial interest connected with the contracts or purchases of the governmental entity which I serve, which are made on an ongoing basis with respect to the contractors identified in item 5.

5. Name(s) of Contractor(s) or Vendor(s):

Metropolitan School District of Washington Township ("School District")
Washington Township Education Association ("WTEA")

6. Description(s) of Contract(s) or Purchase(s) (Describe the kind of contract involved, and the effective date and term of the contract or purchase if reasonably determinable. Dates required if 4(a) is selected above. If "dependent" is involved, provide dependent's name and relationship):

The Collectively Bargained Agreement by and between the parties identified in item 5 above for teachers employed by the Metropolitan School District of Washington Township.

7. Description of My Financial Interest (Describe in what manner the public servant or "dependent" expects to derive a profit or financial benefit from, or otherwise has a pecuniary interest in, the above contract(s) or purchase(s); if reasonably determinable, state the approximate dollar value of such profit or benefit.):

Dependent: My wife is a member of the bargaining unit covered by the Collective Bargaining Agreement by and between the School District and the WTEA described above and will receive pay and benefits established by that collectively bargained agreement described above.

8. **Approval of Appointing Officer or Body:**
(not applicable to this disclosure).
9. **Effective Dates:** (Conflict of interest statements must be submitted to the governmental entity prior to final action on the contract or purchase.):

July 13, 2011
10. **Affirmation of Public Servant:** This disclosure was submitted to the Board of Education of the Metropolitan School District of Washington Township and accepted by it in a public meeting prior to final action ratifying any changes to the contracts described in item 7.

I affirm under penalty of perjury that I am the public servant named in item #1 of this disclosure and my statements in this disclosure are true and complete.

Signed: _____
William D. Turner, Jr.

Date: July 13, 2011

Instructions for Filing This Disclosure Statement

Within 15 days after final action on the contract or purchase, copies of this statement must be filed with the:

State Board of Accounts, Indiana Government Center South, 302 West Washington Street, Room E418, Indianapolis, Indiana, 46204-2765 (A copy of this disclosure will be forwarded by the State Board of Accounts to the Indiana State Ethics Commission); and the Clerk of the Marion Circuit Court.