

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2012 OCT 31 AM 10:15

FEC FORM 3X CENTER

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

EQUALITY CINCINNATI PAC

ADDRESS (number and street)

2725 JOHNSTONE PLACE

Check if different
than previously
reported. (ACC)

CINCINNATI

OH

45206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00442897

3. IS THIS
REPORT

NEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(b) Monthly
Report
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)

July 15
Quarterly Report (Q2)

October 15
Quarterly Report (Q3)

January 31
Year-End Report (YE)

July 31 Mid-Year
Report (Non-election
Year Only) (MY)

Termination Report
(TER)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

11

08

2012

in the
State of

OH

(d) 30-Day
POST-Election
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2012

through

10

17

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer M. Freeman Durham, Treasurer

Signature of Treasurer

M. Freeman Durham

Date

10

24

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

EQUALITY CINCINNATI PAC

Report Covering the Period:

From:

MM / DD / YYYY
10 / 01 / 2012

To:

MM / DD / YYYY
10 / 17 / 2012

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2012 | | 399.25 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 385.65 | |
| (c) Total Receipts (from Line 19) | 0.00 | 6.80 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 385.65 | 406.05 |
| 7. Total Disbursements (from Line 31) | 178.80 | 199.20 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 206.85 | 206.85 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

EQUALITY CINCINNATI PAC

Report Covering the Period:

From:

MM / DD / YYYY
10 / 01 / 2012

To:

MM / DD / YYYY
10 / 17 / 2012

I. Receipts

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

6.80

6.80

6.80

6.80

6.80

6.80

6.80

6.80

6.80

6.80

6.80

6.80

6.80

6.80

6.80

6.80

6.80

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[illegible]

1

COLUMN B
Calendar Year-to-Date

- [illegible]

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- **penditures**

COLUMN A **Total This Period**

COLUMN B **Calendar Year-to-Date**

| | | |
|--|------|-------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 6.80 | 6.80 |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 6.80 | 6.80 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 6.80 | 27.20 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 6.80 | 27.20 |

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 1
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) EQUALITY CINCINNATI PAC | | FEC IDENTIFICATION NUMBER ▼ C 00442897 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-------|---------------------|--|
| Full Name (Last, First, Middle Initial) of Payee | | Date | |
| Mailing Address | | M M / D D / Y Y Y Y | |
| City | State | Zip Code | Amount |
| Purpose of Expenditure | | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| Category/Type | | | State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | | | <input type="checkbox"/> Other (specify) _____ |

| | | | |
|--|-------|---------------------|--|
| Full Name (Last, First, Middle Initial) of Payee | | Date | |
| Mailing Address | | M M / D D / Y Y Y Y | |
| City | State | Zip Code | Amount |
| Purpose of Expenditure | | | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| Category/Type | | | State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | | | <input type="checkbox"/> Other (specify) _____ |

| | | |
|---|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | 172.00 |
| (c) TOTAL Independent Expenditures..... | ▶ | 172.00 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature M. Sean Smith Date 10 / 24 / 2012

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

| | |
|--|-------------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input checked="" type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) <i>10/24/12</i> |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> | |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| Next Business Day Delivery <input type="checkbox"/> | |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

AmW
PREPARER
(3/2005)

10/31/12
DATE PREPARED

12030941210