PAGE 1/9

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3			An Author		mittee	'		Office Use Only
NAME OF COMMITTEE (in	full)	TYPE OR	PRINT ▼		ample: If typin er the lines.	g, type	12FE4M5	5
NINA TURNEF	RFOR	CONGRE	ESS					
ADDRESS (number an	d street)	3718 BL	ANCHE AVEN	IUE				
Check if dif than previous reported. (A	ısly	CLEVEL	AND				OH	44118
2. FEC IDENTIFIC	ATION	NUMBER ▼		CITY			STATE A	ZIP CODE
C C0050723	6		3.	IS THIS REPORT	X NEW (N)	OR	AMENI (A)	DED STATE ▼ DISTRICT
	eports:	Choose One) y Report (Q1)	(b)	12-Day PRE :	-Election Repo Primary (12P Convention ()	General (
		Report (Q2)	Q3)	Election on	M M /	D D /	Y " Y " Y " Y	in the State of
January	31 Year-	End Report (\	(E) (c) (30-Day POS	T -Election Rep	oort for the:		
				Ш	General (30G	i)	Runoff (30	OR) Special (30S)
Termina	tion Repo	ort (TER)		Election on	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period	N	04 / 0		012 Y	through	M M 06	/ D D /	2012
I certify that I have e					owledge and	belief it is tru	ue, correct an	d complete.
Type or Print Name of	of Ireasu	rer Sherlyn	n Allen Harris					
Signature of Treasure	er Si	herlynn Allen H	arris		[Electronically l	Filed] D	ate 07	12 / 12 / 2012
	false, erro	oneous, or inc	omplete infor	mation may	subject the per	son signing t	his Report to t	the penalties of 2 U.S.C. §437g.
Office Use Only								FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

PAGE 2 / 9

Write or Type Committee Name

NINA TURNER FOR CONGRESS

R	eport	Covering the Period: From:	04	06 / 30 / Y Y Y Y Y Y
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	0.00	0.00
	(b)	Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	0.00
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	854.59	, 1104.59
	(b)	Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	854.59	1104.59
8.		sh on Hand at Close of porting Period (from Line 27)	2572.63	
9.	the	ots and Obligations Owed TO Committee (Itemize all on sedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on ledule C and/or Schedule D)	0.00	

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

PAGE 3 / 9

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

NINA TURNER FOR CONGRESS

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11. C	ONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00	
	(ii) Unitemized	0.00	0.00	
	(iii) TOTAL of contributions from individuals	0.00	0.00	
(b)	·	0.00	0.00	
(0	(such as PACs)	0.00	0.00	
(d (e)	<u></u>	0.00	0.00	
	(add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00	
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00	
3. L0	DANS:) Made or Guaranteed by the			
lα	Candidate	0.00	0.00	
(b)		0.00	0.00	
(0)	(add Lines 13(a) and (b))	0.00	0.00	
E	FFSETS TO OPERATING KPENDITURES lefunds, Rebates, etc.)	0.00	0.00	
	THER RECEIPTS			
	Dividends, Interest, etc.)	0.00	0.00	
11	OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	0.00	0.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 9

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17.	OPERATING EXPENDITURES	854.59	1104.59	
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00	
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed	0.00	0.00	
	by the Candidate(b) Of All Other Loans	0.00	0.00	
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00	
20.	REFUNDS OF CONTRIBUTIONS TO:			
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
	(b) Political Party Committees	0.00	0.00	
	(such as PACs)	0.00	0.00	
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00	
1.	OTHER DISBURSEMENTS	12062.00	12862.00	
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	12916.59	13966.59	
	III. CASH SU	MMARY		
3.	CASH ON HAND AT BEGINNING OF REPOF	RTING PERIOD	15489.22	
4	TOTAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	0.00	
5.	SUBTOTAL (add Line 23 and Line 24)		15489.22	
6.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	12916.59	
7.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	2572.63	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:

(check only one)

To late the page of the page

_						
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
\rangle	NAME OF COMMITTEE (In Full) NINA TURNER FOR CONGRESS					
Α.	Full Name (Last, First, Middle Initial) McTigue & McGinnis LLC Mailing Address 545 E Town St	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City State Zip Code Columus OH 43215 Purpose of Disbursement Legal Services Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District:	Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4209				
3.	Full Name (Last, First, Middle Initial) McTigue & McGinnis LLC Mailing Address 545 E Town St	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City State Zip Code Columus OH 43215 Purpose of Disbursement Legal Services Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President President State: District:	Amount of Each Disbursement this Period 254.59 Transaction ID : SB17.4213				
Э.	Full Name (Last, First, Middle Initial) McTigue & McGinnis LLC Mailing Address 545 E Town St	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City State Zip Code Columus OH 43215 Purpose of Disbursement Legal Services Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify)	Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4226				
s	State: District: 754.59 SUBTOTAL of Disbursements This Page (optional)					
	OTAL This Period (last page this line number only)	754.59				

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each category Detailed Summan	nedule(s) (a of the	FOR LINE NUMBER: PAGE 6 OF 9 check only one)
	y information copied from such Reports and Statement for commercial purposes, other than using the name a			erson for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) NINA TURNER FOR CONGRESS			
۸.	Full Name (Last, First, Middle Initial) Carlwin Collins Mailing Address 17808 Lotus Dr			Date of Disbursement O6 18 2012
	City State Cleveland OH Purpose of Disbursement Sponsoring Student Trip	Zip Code 44128		Amount of Each Disbursement this Period 212.00
	Candidate Name Office Sought: House Disbursement Senate Prim		Category/ Type	Transaction ID : SB21.4227
3.	State: District: Full Name (Last, First, Middle Initial) Friends of Break Through Mailing Address 1417 East 36 Street			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Cleveland OH Purpose of Disbursement Donation Candidate Name	Zip Code 44114	Category/	Amount of Each Disbursement this Period 1000.00 Transaction ID: SB21.4201
	Office Sought: House Disbursement Senate President Other		Туре	
Э.	Full Name (Last, First, Middle Initial) Great Lakes Science Center, Greater Mailing Address 601 Erieside Ave	Future Campaiç	ŋn	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Cleveland OH Purpose of Disbursement Donation Candidate Name	Zip Code 44114	Category/ Type	Amount of Each Disbursement this Period 300.00 Transaction ID : SB21.4203
	Office Sought: House Disbursement Senate President State: District:			
				4540.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

S

ln	nage# 12952319706			
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate so for each categor Detailed Summa	chedule(s) ry of the	FOR LINE NUMBER: PAGE 7 OF 9 check only one)
	ny information copied from such Reports and Statements for commercial purposes, other than using the name and			
	NAME OF COMMITTEE (In Full) NINA TURNER FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial) Great Lakes Science Center, Greater F	-uture Campai	gn	Date of Disbursement
	Mailing Address 601 Erieside Ave			04 16 2012
	City State Cleveland OH	Zip Code 44114		Amount of Each Disbursement this Period
	Purpose of Disbursement Donation			500.00
	Candidate Name		Category/ Type	Transaction ID : SB21.4205
	Office Sought: House Disbursement F			
_	State: District: Full Name (Last, First, Middle Initial)			
В.	Ohio Legislative Black Caucus			Date of Disbursement
	Mailing Address 545 E Town St			06 18 2012
	City State	Zip Code		Amount of Each Disbursement this Period
	Columbus OH Purpose of Disbursement	43215		400.00
	Contribution			Transaction ID : SB21.4236
	Candidate Name		Category/ Type	Transaction is . obj. 1.4200
_	State: District: Full Name (Last, First, Middle Initial)			
C.	Ohio Senate Democratic Caucus			Date of Disbursement
	Mailing Address 545 E Town St			M M / D D / Y Y Y Y Y O D D / Y Z Y Y Y Y D D D D D D D D D D D D D D
	City State	Zip Code		Amount of Each Disbursement this Period
	Columbus OH	43215		
	Purpose of Disbursement Contribution			5000.00

TOTAL This Period (last page this line number only).....

FE5AN018

State:

Candidate Name

Office Sought:

House

Senate

District:

President

Disbursement For:

SUBTOTAL of Disbursements This Page (optional).....

Primary

Other (specify)

5900.00

Transaction ID: SB21.4207

Category/ Type

General

	HEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 8 OF 9 (check only one) 17 18 19a 19b 20a 20b 20c X 21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and			person for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) NINA TURNER FOR CONGRESS			
۹.	Full Name (Last, First, Middle Initial) Ohio Senate Democratic Caucus Mailing Address 545 E Town St			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Columbus OH Purpose of Disbursement	Zip Code 43215		Amount of Each Disbursement this Period 3500.00
	Contribution Candidate Name Office Sought: House Disbursement For Senate Primary		Category/ Type	Transaction ID : SB21.4222
3.	State: District: Other (s Full Name (Last, First, Middle Initial) Ohio Senate Democratic Caucus	specify)		Date of Disbursement
	Mailing Address 545 E Town St City State Columbus OH Purpose of Disbursement Contribution Candidate Name	Zip Code 43215	Ottorio	Amount of Each Disbursement this Period 250.00 Transaction ID: SB21.4232
	Office Sought: House Senate Primary President Other (s	General	Category/ Type	
Э.	Full Name (Last, First, Middle Initial) Ohio Senate Democratic Caucus Mailing Address 545 E Town St			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	,	p Code 13215	Category/	Amount of Each Disbursement this Period 250.00 Transaction ID: SB21.4233
	Office Sought: House Senate President State: Disbursement For Primary Other (s	General	Туре	
				4000.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sc for each categor Detailed Summa	hedule(s) (d by of the	OR LINE NUMBER: PAGE 9 OF 9 check only one) 17
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) NINA TURNER FOR CONGRESS			
Full Name (Last, First, Middle Initial) A. Progress Ohio			Date of Disbursement
Mailing Address 172 E State St #600			05 18 2012
Columbus	tate Zip Code H 43215		Amount of Each Disbursement this Period
Purpose of Disbursement Donation Candidate Name			250.00 Transaction ID : SB21.4215
Office Sought: House Disbursement	ent For	Category/ Type	_
Senate Fresident C	Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
Mailing Address			Date of Disbursement
City	tate Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement			
Candidate Name		Category/ Type	
	ent For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			
D			Date of Disbursement
Mailing Address City State	Zip Code		
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	, , , , , , , , , , , , , , , , , , , ,
	ent For: Primary General Other (specify)		
State: District:	V-15-5-27		

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

11662.00