

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

NINA TURNER FOR CONGRESS

ADDRESS (number and street) 3718 BLANCHE AVENUE

Check if different than previously reported. (ACC)

CLEVELAND

OH

44118

2. **FEC IDENTIFICATION NUMBER** ▼

C C00507236

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

OH

11

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 Sherlynn Allen Harris

Signature of Treasurer Sherlynn Allen Harris

[Electronically Filed]

Date

/ /

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									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
NINA TURNER FOR CONGRESS

Report Covering the Period: From: / / To: / /

	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)	1516.63	2210.59
(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)).....	1516.63	2210.59
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule 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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

NINA TURNER FOR CONGRESS

Report Covering the Period: From: 10 / 01 / 2012 To: 12 / 18 / 2012

I. RECEIPTS

COLUMN A Total this Period

COLUMN B Election Cycle Total as of

COLUMN C Total for

11 / 06 / 2012 (date of general election)

11 / 07 / 2012 (date after general election)

through

12 / 18 / 2012 (last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
 - (i) Itemized (use Schedule A)

0.00 0.00 0.00

(ii) Unitemized

0.00 0.00 0.00

(iii) Total of contributions from individuals

0.00 0.00 0.00

(b) Political Party Committees

0.00 0.00 0.00

(c) Other Political Committees

0.00 0.00 0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<p>(d) The Candidate</p>		
0.00	0.00	0.00
<p>(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))</p>		
0.00	0.00	0.00
<p>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</p>		
0.00	0.00	0.00
<p>13. LOANS:</p>		
<p>(a) Made or Guaranteed by the Candidate</p>		
0.00	0.00	0.00
<p>(b) All Other Loans</p>		
0.00	0.00	0.00
<p>(c) TOTAL LOANS (add Lines 13(a) and (b))</p>		
0.00	0.00	0.00
<p>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)</p>		
0.00	0.00	0.00
<p>15. OTHER RECEIPTS (Dividends, Interest, etc.)</p>		
0.00	0.00	0.00
<p>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</p>		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

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Write or Type Committee Name

NINA TURNER FOR CONGRESS

Report Covering the Period: From: To:

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
1516.63	2210.59	1266.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
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21. OTHER DISBURSEMENTS

200.00	12862.00	200.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

1716.63	15072.59	1466.63
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

0.00	0.00	0.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

1516.63	2210.59	1266.63
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1716.63
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	1716.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1716.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	0.00

**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)	PAGE 7 OF 8			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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.

NAME OF COMMITTEE (In Full)
NINA TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. McTigue & McGinnis LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012		
Mailing Address 545 E Town St			Amount of Each Disbursement this Period 250.00		
City Columus	State OH	Zip Code 43215	Transaction ID : SB17.4249		
Purpose of Disbursement Legal Services		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. McTigue & McGinnis LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2012		
Mailing Address 545 E Town St			Amount of Each Disbursement this Period 250.00		
City Columus	State OH	Zip Code 43215	Transaction ID : SB17.4250		
Purpose of Disbursement Legal Services		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. McTigue & McGinnis LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012		
Mailing Address 545 E Town St			Amount of Each Disbursement this Period 250.00		
City Columus	State OH	Zip Code 43215	Transaction ID : SB17.4251		
Purpose of Disbursement Legal Services		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 8 OF 8			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
NINA TURNER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. McTigue & McGinnis LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2012
Mailing Address 545 E Town St		Amount of Each Disbursement this Period 766.63
City Columbus	State OH Zip Code 43215	
Purpose of Disbursement Legal Services	Candidate Name	Transaction ID : SB17.4257
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	766.63
TOTAL This Period (last page this line number only).....	1516.63