



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*IN OUR MOTHERS NAME*

Report Covering the Period:

From:

11 / 25 / 2014

To:

12 / 31 / 2014

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, 2014   | 9810                    | 9810                              |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 9810                    |                                   |
| (c) Total Receipts (from Line 19).....   | 000                     | 000                               |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....      | 9810                    | 9810                              |
| 7. Total Disbursements (from Line 31).....   | 000                     | 000                               |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                 | 9810                    | 9810                              |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 000                     |                                   |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 000                     |                                   |



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

*IN OUR MOTHERS NAME*

Report Covering the Period: From:

11 / 25 / 2014

To:

12 / 31 / 2014

**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).....

0 0 0

0 0 0

(ii) Unitemized.....

0 0 0

0 0 0

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0 0 0

0 0 0

(b) Political Party Committees.....

0 0 0

0 0 0

(c) Other Political Committees (such as PACs).....

0 0 0

0 0 0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0 0 0

0 0 0

12. Transfers From Affiliated/Other Party Committees.....

0 0 0

0 0 0

13. All Loans Received.....

0 6 0

0 0 0

14. Loan Repayments Received.....

0 0 0

0 0 0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0 0 0

0 0 0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0 0 0

0 0 0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0 0 0

0 0 0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0 0 0

0 0 0

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

0 0 0

0 0 0

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

0 0 0

0 0 0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0 0 0

0 0 0

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0 0 0

0 0 0

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

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

|  |       |       |
|--|-------|-------|
| 21. Operating Expenditures:  |       |       |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |       |       |
| (i) Federal Share .....  | 0 0 0 | 0 0 0 |
| (ii) Non-Federal Share.....  | 0 0 0 | 0 0 0 |
| (b) Other Federal Operating Expenditures .....   | 0 0 0 | 0 0 0 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0 0 0 | 0 0 0 |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0 0 0 | 0 0 0 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0 0 0 | 0 0 0 |
| 24. Independent Expenditures (use Schedule E) .....  | 0 0 0 | 0 0 0 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0 0 0 | 0 0 0 |
| 26. Loan Repayments Made.....  | 0 0 0 | 0 0 0 |
| 27. Loans Made.....  | 0 0 0 | 0 0 0 |
| 28. Refunds of Contributions To:   |       |       |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0 0 0 | 0 0 0 |
| (b) Political Party Committees .....   | 0 0 0 | 0 0 0 |
| (c) Other Political Committees (such as PACs).....   | 0 0 0 | 0 0 0 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0 0 0 | 0 0 0 |
| 29. Other Disbursements .....  | 0 0 0 | 0 0 0 |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |       |       |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |       |       |
| (i) Federal Share .....  | 0 0 0 | 0 0 0 |
| (ii) "Levin" Share.....  | 0 0 0 | 0 0 0 |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0 0 0 | 0 0 0 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....             | 0 0 0 | 0 0 0 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 0 0 0 | 0 0 0 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0 0 0 | 0 0 0 |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

|                              |                              |                              |                             |
|------------------------------|------------------------------|------------------------------|-----------------------------|
| FOR LINE NUMBER:             |                              | PAGE                         | OF                          |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|                              |                              | <input type="checkbox"/> 17  |                             |

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)  
**IN OUR MOTHERS NAME**

**A.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C** \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼ \_\_\_\_\_

Aggregate Year-to-Date ▼ \_\_\_\_\_

Date of Receipt: MM / DD / YYYY  
 /  /

Amount of Each Receipt this Period

**B.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C** \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼ \_\_\_\_\_

Aggregate Year-to-Date ▼ \_\_\_\_\_

Date of Receipt: MM / DD / YYYY  
 /  /

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C** \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼ \_\_\_\_\_

Aggregate Year-to-Date ▼ \_\_\_\_\_

Date of Receipt: MM / DD / YYYY  
 /  /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... ▶  0.00

TOTAL This Period (last page this line number only) ..... ▶  0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

|   |                                      |                              |                              |                              |                             |                              |      |    |
|---|--------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                              |                              |                              |                             |                              | PAGE | OF |
|   | <input type="checkbox"/> 21b         | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |      |    |
|   | <input type="checkbox"/> 27          | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |      |    |

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NAME OF COMMITTEE (In Full)  
*IN OUR MOTHERS NAME*

**A.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶ *0.00*

TOTAL This Period (last page this line number only).....▶ *0.00*

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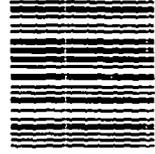


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