

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2016 FEB -1 AM 8:20

Office Use Only

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

12FE4M5

In Our Mother's Name

ADDRESS (number and street)

7139 Willisdon Avenue



Check if different than previously reported. (ACC)

Muskiegon

MI

49441

3040

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00526244

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

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)



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



Termination Report (TER)

(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)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY

in the State of

State

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY

in the State of

State

5. Covering Period

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY

through

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY

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

Julia Dennis

Signature of Treasurer

*Julia Dennis*

Date

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY

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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**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

In Our Mother's Name

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2015

To:

MM / DD / YYYY  
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	2 0 1 5	9 8 1 0
(b) Cash on Hand at Beginning of Reporting Period.....	9 8 1 0	
(c) Total Receipts (from Line 19) .....	0 0 0	0 0 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	9 8 1 0	9 8 1 0
7. Total Disbursements (from Line 31) .....	0 0 0	0 0 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	9 8 1 0	9 8 1 0
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0 0 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0 0 0	



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 Mother's Name

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2015

To:

MM / DD / YYYY  
12 / 31 / 2015

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 0 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

7

Page 4

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

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

0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

2010-01-01 00:00:00

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

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

FOR LINE NUMBER:  
(check only one)

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 Mother's Name

Full Name (Last, First, Middle Initial)

A.

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).....▶

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 Mother's Name*

Full Name (Last, First, Middle Initial)

<b>A.</b>		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/>
Candidate Name	Category/ Type	
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:		

<b>B.</b>		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/>
Candidate Name	Category/ Type	
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:		

<b>C.</b>		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/>
Candidate Name	Category/ Type	
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).....▶

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

0.00  
 0.00

2010-01-01 00:00:00

571-834000-140-10-20-16-02

**R2304H107663-15**



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**ES**



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11466	11/13/11	\$	\$	\$	
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Return Receipt Fee	Live Animal Transportation Fee		
11-14/11	<input checked="" type="checkbox"/> 4:30 AM <input type="checkbox"/> 12 NOON <input type="checkbox"/> 10:30 AM Delivery Fee	\$	\$		
Time Accepted	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Total Postage & Fees			
Weight	<input checked="" type="checkbox"/> Flat Rate <input type="checkbox"/> Sunday/Holiday Premium Fee	\$			
lbs.	0.25	Acceptance/Employee Initials			
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Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature			
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| PREPARER  | 2/1/16<br>DATE PREPARED                             |

PREPARER  
(3/2015)

2/1/16  
DATE PREPARED