12030814157

FEC FORM 3

FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2012 MAY 25 AM II: 23

					Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5	FEC MAIL CEI	NTER
MARILYM SIN	P.O. Box 2			1 1 1 1		——————————————————————————————————————
ADDRESS (number and street) Check if different than previously reported. (ACC)	CAKLAND			CA 9	P46021-	
2. FEC IDENTIFICATION NU	MBER ▼	CITY	S	TATE A	ZIP CODE	
CD05074	3. IS RE	THIS NEW	OR	AMENDE (A)	STATE V D	13
4. TYPE OF REPORT (Cho (a) Quarterly Reports: April 15 Quarterly R	(b) 12-	Day PRE-Election Report Primary (12F) []	General (12		' (12R)
July 15 Quarterly Re	D (00)	ection on	65	2012	in the State of	CA
January 31 Year-En	d Report (YE) (c) 30-	Day POST -Election Re	الييا	Runoff (30F	R) Specia	al (30S)
Termination Report	· · ·	ection on		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	in the State of	
5. Covering Period	7 01 200	through	0,5	' \& '	2012	
I certify that I have examined the Type or Print Name of Treasurer	0		belief it is true Rowん	e, correct and	complete.	
Signature of Treasurer	May	Boo	Da	te 05	19120	72
NOTE: Submission of false, errone	ous, or incomplete informa	ation may subject the pe	rson signing th	is Report to the	e penalties of 2 U.S.C.	. §437g.
Office Use Only			:		FEC FORM 3 (Revised 02/2003)	³

2030814158

SUMMARY PAGE

of Receipts and Disbursements

Page 2

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

MARILYN SINGLETON FOR CONGRESS

Report Covering the Period: From: **COLUMN A** COLUMN B **This Period Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** 90061 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds (from Line 20(d)) (c) Net Contributions (other than loans) 90061 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 2164576 (from Line 17) (b) Total Offsets to Operating Expenditures (from Line 14)..... (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of Reporting Period (from Line 27)..... 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 Sohedule D)

For further information contact:

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

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

FE5AN018

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

MARILYN SINGLETON FOR CONGRESS

Report Covering the Period:

120308141

From:









	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FROM	l :	
	(a) Individuals/Persons Other Than		
	Political Committees (i) Itemized (use Schedule A)	5,150,00	13,35000
	(ii) Unitemized	304300	9.856.81
	(iii) TOTAL of contributions from individuals	8,19300	23,20681
	(b) Political Party Committees	0.00	0000
	(c) Other Political Committees (such as PACs)	0.00	0.000
	(d) The Candidate(e) TOTAL CONTRIBUTIONS		2,5,3,977
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	9,006.18	25,74658
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.0.0.0	0.0.00
13.	LOANS:		
	(a) Made or Guarenteed by the Candidate	00,00	9,00,000
	(b) All Other Loans	0.0.00	0000
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.000	9,000,00
14.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.0.00	0.0.0.0
15.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.0.0.0	UD 50
16.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	9,00618	34,74658

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0,0,00 0.0.00 by the Candidate..... (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other D. O. D.O 00.00 Than Political Committees 00.00 (b) Political Party Committees..... (c) Other Political Committees (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 1083878 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 900618 24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...... 25. SUBTOTAL (add Line 23 and Line 24) 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....

SCHEDULE	Α	(FEC	Form	3)
ITEMIZED F	REC	EIPTS	}	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 11a 11b 11c 11d 11d 12 13a 13b 14 15
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Mailing Address City LOS Angeles	LETON FOR CONG Id E. T Bluck State Zip Code GOOGLE	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Lf Camino Receipt For: Primary General Other (specify)	Occupation Teacher Election Cycle-to-Date	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) N. 10001, 50116 Mailling Address City City CAKIANO	R. State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Permanente Receipt For: General Other (specify)	Occupation •	Amount of Each Receipt this Period
E. Full Name Ast, First, Middle Initial) Mailing Address 8382 AFCOMM City LOS ADOLUS	State ZIP_Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Seff employed Receipt For: Primary General Other (specify)	Occupation Physician Election Cycle-to-Date	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		5,15000
TOTAL This Period (last page this line number	only)	L. r. r. way _ r. r. way

SCHEDULE A	(FEC	Form	3)
ITEMIZED REC	EIPTS	3	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MARILY N SINGLE	Statements may not be sold or used by any point and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
A. Suggestion Address Mailing Address	Auc # 351 Astate Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Self-Complete Receipt For: Primary General	Occupation Physician Election Cycle-to-Date	Amount of Each Receipt this Period Memo: Forking PCS Marketing Group Lapel Stickers
B. Single-ton Mailing Address City Other (specify) Full Name (Last, First, Middle Initial) Mailing Address The Amoretical Science (Specific Specific Spe	ARILYN M State #351 State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Self-Lincologie Receipt For: Primary General Other (specify)	Occupation Physican Election Cycle-to-Date	Amount of Each Receipt this Period 28500 Memo: In Kind PCS MARKETING GOVERNMENT SHOWN
Full Name (Last, First, Middle Initial) C. Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Ofher (specify)	Election Cycle-to-Date	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		7.06.38

SCHEDULE B	(FEC	Form	3)
ITEMIZED DISE	3URSI	EMEN	ΓS

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF Check only one)
TEMIZED DISBURSEMENTS	for each category of the	17 18 19a 19b
	Detailed Summary Page	20a 20b 20c 21
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full)		
MARILYH SINGLETO	N FOR CON	६१८५ ५
Full Name (Last, First, Middle Initial)		Date of Disbursement
A. PC3 Marketing Grow	ib MC	_ KUI (E. 31 / 18 X : 18 1
Mailing Address 34 Commerce	ce Blud.	
City Cincinnati State OH	Zip Code 4524 1	Amount of Each Disbursement this Period
Furbose of Disputsement		42(38
Candidate Name	Category/	7
MARILYN M. SINGLETON	Туре	_
Office Sought: House Disbursement Form	· .	
President Other (s	- Lander Control of the Control of t	
State: District: 1 5 Full Name (Last, First, Middle Initial)		
B. PCS MARKETING GRE	OUP LLC	Date of Disbursement
Mailing Address		05'11'2012
2534 Commerce Citys:	BUL Zip Code	
Cincinnati OH	45241	Amount of Each Disbursement this Period
Purpose of Disbursement	1001	1 L.,
Candidate Name	Category/	
MARILYN M. SINGLET Office Sought; M. House Disbursement For:	Type Type	\dashv
Senate Primary	General	
President Other (s	pecify)	
Full Name (Last, First, Middle Initial)		
c. Clear Channel Son	Francisco	Date of Disbursement
Mailing Address		04 03 2012
340 TOWNSEND ST.	p Code _	Amount of Each Dishusan at this Salai
SAN Francisco CA	94107	Amount of Each Disbursement this Period
Purpose of Disbursement	NOU	8,38800
Candidate Name	Category/	·
MARIUN H. SINGLE		\dashv
Senate Primary	General	
State: CA District: / 3	респу)	
		Q NG LZQ
SUBTOTAL of Disbursements This Page (optional)		- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
TOTAL This Period (last page this line number only)		1, , , , , , , , , , , , , , , , , , ,

SCHEDULE B (FEC Form 3)

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE OF OF OTHER PAGE OF OTHER PAGE OF OTHER PAGE OF OTHER PAGE OTHER P
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	17 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and	may not be sold or used by any address of any political eommitt	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAMIE OF COMMITTEE (In Full)	•	_
MARILYN SINGLETA	on for co	ugress
Full Name (Last, First, Middle Initial) A		Date of Disbursement
Mailing Address 2 . P	21 . #	24 24 2012
Mailing Address 70 PASES PAD City C State	re PKWY 517 Zip Code	Amount of Each Disbursement this Period
City Frement CA Purpose of Disbursement	Zip Code 94538	67500
Phone Bank Candidate Name	∞ 7	L-r-y-r-ian-y-rail-Start;
Marilyn M. Singlete	Category/ Type	
Office Sought: House Disbursement For Senate Primary		
State: CA District: 1 Other (specify)	
Full Name (Last, First, Middle Initial)		Date of Dishumanant
B		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		The standard and the st
Candidate Name	Category/ Type	4
Office Sought: House Disbursement Fo		
	specify)	
Full Name (Last, First, Middle Initial)		
c .		Date of Disbursement
Mailing Address		
City State Z	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category, Type	
Office Sought: House Disbursement Fo	r:	
	(specify)	
	er en	62500
SUBTOTAL of Disbursements This Page (optional)		67500
TOTAL This Period (last page this line number only)		Langer of Control of the Control of

PAGE (

OF /

SCHEDULE C (FEC Form 3) LOANS

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

PAGE / OF

13a 13b

IAME OF COMMITTEE (In Full)	
MARILYN SINGLETON FO	r congress
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
SINGLETON, MARILYN M.	
Mailing Address 3671 Piedmont Ave =	# 351 Other (specify) ▼
City State ZIP Co	
OAKLAND CA	14611
Original Amount of Loan Cumulative Payment To	•
900000	0,0000 9,00000
TERMS Date Incurred Date Due	Interest Rate Secured:
03 24 2012 "- 'E' 'n	one % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	100 110
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
9	•
SUBTOTALS This Period This Page (optional)	• D.D.D.D.O.O.
TOTALS This Period (last page in this line only)	·
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
MARILYN SINGLETON	for congre	5 00507418
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		%
Mailing Address	Date Incurred or Established	MAM , GAG , LAAAAAA , GAG , MAAAAA , GAG , LAAAAAA ,
City State Zip Code	Date Due	
A. Has loan been restructured? No Yes	If yes, date originally incurred	MCM (TYVYYYY)
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors must	ed? st be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit or other. No Yes If yes, specify:	deposit, chattel papers,	hat is the value of this collateral?
in yes, specify.		pes the lender have a perfected security terest in it? No Yes
E. Are any future contributions or ruture receipts of interection collateral for the loan? No Yes If yes, significant contributions or ruture receipts of interections.	1 1/1	/hat is the estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	
Date account established:	Address: City, State, Zip:	
F. If neither of the types of collateral described above we exceed the loan amount, state the basis upon which to	as pledged for this loan, or if the this loan was made and the basis	amount pledged does not equal or on which it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name Signature		MAN, BAD, AAAAAA
H. Attach a signed copy of the loan agreement.		
I. TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the teare accurate as stated above.		
II. The loan was made on terms and conditions (ind similar extensions of credit to other borrowers of III. This institution is aware of the requirement that complied with the requirements set forth at 11 C.	f comparable credit worthiness. a loan must be made on a basis	which assures repayment, and has
AUTHORIZED REPRESENTATIVE	J	
Typed Name Signature Titl	le	DATE / GALD / LATANANA

SCHEDULE D (FEC Form 3)

(Use separate schedule(s)

PAGE OF FOR LINE NUMBER:

EBTS AND OBLIGATIONS coluding Loans		for each	(check only one)	9
AME OF COMMITTEE (in Full)		1.500.000)	<u> </u>	10
MARILYN SINGI	ETON FOR C	angres	5	
A. Full Name (Last, First, Middle Initial)			Debt (Purpose):	-
]				
Mailing Address				
City. Obelo	7:a Codo			
City State	Zip Code			
Outstanding Balance Beginning This P				
Amount Incurred This Period	Payment This Peri	od Outstand	ing Balance at Close of	f This Period
				
B. Full Name (Last, First, Middle Initial) o	f Debtor or Creditor	Nature of E	Pebt (Purpose):	
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning This P	eriod		· · · · · · · · · · · · · · · · · · ·	
	7			
Amount Incurred This Period	Payment This Perio		ing Balance at Close of	
	~			
C. Full Name (Last, First, Middle Initial)		Nature of F	Oobt (Dumone)	
C. Full Name (Last, First, Mitable Illitial)	of Deptor of Creditor	Nature of L	Pebt (Purpose):	
Mailing Address				
Walling Addiess				
City	State Zip Code			
Outstanding Balance Beginning This P	eriod			
Amount Incurred This Period	Payment This Peri	od Outstand	ing Balance at Close o	f This Period
) SUBTOTALS This Period This Page (op	tional)	•		00
, CODITIONED THIS FERIOU THIS FAGE (OP	North Inches			707
TOTALS This Period (last page this line	number only)	>		
) TOTAL OUTSTANDING LOANS from S	chedule C (last page only)	> <u></u>	<u>,,,,9,00</u>	000
) ADD 2) and 3) and carry forward to ap	propriate line of Summary Page (last p	page only)	900	0.00

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

	of Principal Campaign	Committee (In Full)	1 -	overing Period:	To:	
	FOR CON		54	01 201	2 63 74	20.12
		(a) Line No. 11(a) Total Contributions From Indiv/Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees			
Co	lumn Total Last Page O	only				
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or	(h) Line No. 13(b) Total All Other Loans
A						
В						
	(i) Line No. 13(c) Total Loans	(i) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(i) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
				N_{-}		
В		-				
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Lind No. 19(c) Total Loan Repayment	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committee
A						
в						
	(u) Line No. 20(d) Total Contribution Refunds	Line Ac. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(2) Line No. 9 Debts & Obligation Owed TO the Committee
A						
в						
	(aa) Line No. 70 Debts & Obligations Owed By the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A						
в						

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.							
Hand Delivered	Date of Receipt						
USPS First Class Mail	Postmarked						
USPS Registered/Certified	Postmarked (R/C)						
USPS Priority Mail	Postmarked						
Delivery Confirmation™ or Signature Confirmation™ Label							
USPS Express Mail	Postmarked						
Postmark Illegible							
No Postmark							
Overnight Delivery Service (Specify):	Shipping Date						
Next Busine	ss Day Delivery						
Received from House Records & Registration Office	Date of Receipt						
Received from Senate Public Records Office	Date of Receipt						
Received from Electronic Filing Office	Date of Receipt						
Other (Specify):	Receipt or Postmarked						
And	5/25/12						
PREPARER (2/2005)	DATE PREPARED						
(3/2005)							