FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2011 DEC 12 AM 11: 13

	·			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	7 E U F/A 12FE4M5	VIL CENTER
MARILYN	3INGLE TON	FOR CONG	ressi	
				
ADDRESS (number and street)	P.O. Box &	767		
(Check if address is changed)	OAKLAND	<u> </u>	ICA S	146020067
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	ESS (Please provide only one ε	-mail address)		
(Check if address	Singleton	for congre	ss@par	thlinkineT
is changed)				
COMMITTEE'S WEB PAGE AD	DDRESS (URL)	· · ·		
(Check if address is changed)	WWW. Sing	gleton for co	ngress	101g
2. DATE / 2 0	2 3012		•	
3. FEC IDENTIFICATION N	IUMBER C	ر المساري من المجال الرياض مسرية مستهولات المراجع المداور المداور المجال المجا		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	this Statement and to-the bes	t of my knowledge and belief	it is true, correct a	nd complete.
Type or Print Name of Treasure	er	DAN	i. BRO	NW
Signature of Treasurer	Ser HB.	TOCK -	Date / Ž	02 2011
NOTE: Submission of false, error	. /	may subject the person signing		ne penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

5.

		COMMITTEE COmmittee:				
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name Cand		MARILYN M. SINGLETON				
Cand Party	idate Affiliati	on none State A State CA District 13				
(c)	X	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate MARILY SINGLETON						
Part	y Con	nmittee:				
(d)	<u>.</u>	This committee is a (National, State (Democratic, Republican, etc.) Party.				
Poli	ical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
		Corporation Corporation w/o Capital Stock Labor Organization				
		Membership Organizatioя Trade Association Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Func	draising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
	Com	nmittees Participating in Joint Fundraiser				
	1.	FEC ID number C				
	2.	FEC ID number C				
	3.	FEC ID number C				
	4.	FEC ID number C				

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Write or Type Committee Name						
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor				
		<u> </u>				
Mailing Address		 				
Mailing Address						
	CITY STATE	ZIP CODE				
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor				
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in	possession of committee				
Full Name DA	NJEFFREY BROWN					
Mailing Address	ress 3871, PIEDMONT, AUE, #351					
	DAKIAKID CA 915	1611 -537				
Title or Position	CITY STATE	ZIP CODE				
TREASURE	Telephone number 15/4]	-1339-12679				
Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of				
Full Name of Treasurer	SEFFREY BROWN					
Mailing Address	3871 PIEDMONT AVE					
	OAKLAND CITY STATE	46/1-5378 ZIP CODE				
Title or Position TIREASURIE	R Telephone number 510 -	<u> 1339</u> - 12673				

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Full Name of Designated Agent		
Mailing Address		
	CITY	TATE ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or mai Name of Bank, Depository,	etc. ASE BANKI 1/320 MOUNTAIN BL	
	CITY	TATE ZIP CODE
Name of Bank, Depository,	etc.	
Mailing Address		
	CITY S	TATE ZIP CODE

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. **Date of Receipt** Hand Delivered **Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified 12/4/11 Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** 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 or Postmarked** Other (Specify): 12/12/1

DATE PREPARED