

# 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

Marilyn Singleton for Congress

ADDRESS (number and street) ▼

P.O. Box 2767

Check if different than previously reported. (ACC)

Oakland

CA

94602

2. **FEC IDENTIFICATION NUMBER** ▼

C C00507418

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

CA

13

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 Mr. Dan Jeffrey Brown

Signature of Treasurer Mr. Dan Jeffrey Brown

[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

**Marilyn Singleton 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))....	4325.38	55296.23
(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)).....	4325.38	55296.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	2773.19	68549.34
(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)).....	2773.19	68549.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1596.89	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	14600.00	

**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

- 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

Marilyn Singleton for Congress

Report Covering the Period: From: 10 / 18 / 2012 To: 11 / 26 / 2012

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 06 / 2012 (date of general election)	COLUMN C Total for 11 / 07 / 2012 (date after general election)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
<b>(a) Individuals/Persons Other than Political Committees</b>		
<b>(i) Itemized (use Schedule A)</b>		
600.00	25815.00	0.00
<b>(ii) Unitemized</b>		
956.00	16634.31	250.00
<b>(iii) Total of contributions from individuals</b>		
1556.00	42449.31	250.00
<b>(b) Political Party Committees</b>		
0.00	0.00	0.00
<b>(c) Other Political Committees</b>		
0.00	6000.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 15

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)
(d) The Candidate		
2769.38	6846.92	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
4325.38	55296.23	250.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	21500.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	21500.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
4325.38	76796.23	250.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 15

Write or Type Committee Name

Marilyn Singleton 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)
<b>17. OPERATING EXPENDITURES</b>		
2773.19	68549.34	0.00
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
6900.00	0.00	6900.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
6900.00	0.00	6900.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(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

FEC Form 3 (Revised 1/01)

PAGE 6 / 15

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)
(c) Other Political Committees (such as PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))		
0.00	0.00	0.00
21. OTHER DISBURSEMENTS		
0.00	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)		
9673.19	68549.34	6900.00

### 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))

4325.38	55296.23	250.00
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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)

2773.19	68549.34	0.00
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### V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6944.70
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	4325.38
25. SUBTOTAL (add Line 23 and Line 24).....	11270.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9673.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1596.89

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Marilyn Singleton for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jane Jackson**

Mailing Address 457 Taylor Ave, #C

City Alameda State CA Zip Code 94501

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

Name of Employer Self Occupation CNA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
295.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2012

**Transaction ID : SA11AI.5524**

Amount of Each Receipt this Period  
 100.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**Gerald E Kunz**

Mailing Address PO Box 6339

City San Mateo State CA Zip Code 94403

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2012

**Transaction ID : SA11AI.5549**

Amount of Each Receipt this Period  
 500.00

check

**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)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

600.00

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marilyn Singleton for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARILYN M SINGLETON**

Mailing Address 3871 Piedmont Ave, #351

City OAKLAND State CA Zip Code 94611

FEC ID number of contributing federal political committee. **C H2CA13099**

Name of Employer Self-employed Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**28286.92**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 18 / 2012**

**Transaction ID : SA11D.5558**

Amount of Each Receipt this Period  
**2709.38**

Yard signs and stands

**B.** Full Name (Last, First, Middle Initial)  
**MARILYN M SINGLETON**

Mailing Address 3871 Piedmont Ave, #351

City OAKLAND State CA Zip Code 94611

FEC ID number of contributing federal political committee. **C H2CA13099**

Name of Employer Self-employed Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**28346.92**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2012**

**Transaction ID : SA11D.5552**

Amount of Each Receipt this Period  
**60.00**

Post Office Box

**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)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

**2769.38**

**2769.38**



**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 9 OF 15			
	<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)  
**Marilyn Singleton for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marketshareonline.com</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2012</b>
Mailing Address <b>2001 Tarob Ct</b>		Amount of Each Disbursement this Period <b>2709.38</b> Transaction ID : <b>SB17.5561</b>
City <b>Milpitas</b>	State <b>CA</b>	
Zip Code <b>95034</b>	Purpose of Disbursement <b>Yard signs and metal stands</b>	Category/ Type <b>006</b>
Candidate Name <b>Marilyn Singleton for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>CA</b>	District: <b>13</b>	

Full Name (Last, First, Middle Initial) <b>B. PayPal</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2012</b>
Mailing Address <b>P.O. Box 45950</b>		Amount of Each Disbursement this Period <b>1.03</b> Transaction ID : <b>SB17.5536</b>
City <b>Omaha</b>	State <b>NE</b>	
Zip Code <b>68145</b>	Purpose of Disbursement <b>fee</b>	Category/ Type <b>003</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. PayPal</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2012</b>
Mailing Address <b>P.O. Box 45950</b>		Amount of Each Disbursement this Period <b>1.03</b> Transaction ID : <b>SB17.5538</b>
City <b>Omaha</b>	State <b>NE</b>	
Zip Code <b>68145</b>	Purpose of Disbursement <b>fee</b>	Category/ Type <b>003</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2012</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2711.44</b>
<b>TOTAL</b> 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 10 OF 15	
	<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)  
**Marilyn Singleton for Congress**

Full Name (Last, First, Middle Initial) <b>A. PayPal</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2012</b>
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period <b>1.75</b>
City Omaha	State NE Zip Code 68145	
Purpose of Disbursement fee	<b>003</b>	<b>Transaction ID : SB17.5535</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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	<b>Category/Type</b>	
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>C.</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	<b>Category/Type</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1.75</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2713.19</b>

**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 11 OF 15	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Marilyn Singleton for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARILYN M SINGLETON</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012
Mailing Address 3871 Piedmont Ave, #351		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB19A.5573</b>
City OAKLAND State CA Zip Code 94611	Purpose of Disbursement Loan Repayment Category/Type 009	
Candidate Name Marilyn Singleton for Congress		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13		

Full Name (Last, First, Middle Initial) <b>B. MARILYN M SINGLETON</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012
Mailing Address 3871 Piedmont Ave, #351		Amount of Each Disbursement this Period 1900.00 <b>Transaction ID : SB19A.5576</b>
City OAKLAND State CA Zip Code 94611	Purpose of Disbursement Partial loan repayment Category/Type 009	
Candidate Name Marilyn Singleton for Congress		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13		

Full Name (Last, First, Middle Initial) <b>C.</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 Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6900.00
<b>TOTAL</b> This Period (last page this line number only).....	6900.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Marilyn Singleton for Congress** Transaction ID : **SC/10.4655**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**MARILYN M SINGLETON**  Primary  
 Mailing Address: 3871 Piedmont Ave, #351  General  
 Other (specify) ▼

City: OAKLAND State: CA ZIP Code: 94611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9000.00	0.00	9000.00

**TERMS**

Date Incurred: 03 / 26 / 2012	Date Due: 12/31/2012	Interest Rate: 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	9000.00
<b>TOTALS</b> 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 (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5210

Marilyn Singleton for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

MARILYN M SINGLETON

Primary

General

Other (specify) ▼

Mailing Address

3871 Piedmont Ave, #351

City

State

ZIP Code

OAKLAND

CA

94611

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

07

26

2012

7/26/2013

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

5000.00

**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 (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Marilyn Singleton for Congress** Transaction ID : **SC/10.5394**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**MARILYN M SINGLETON**  
 Mailing Address: 3871 Piedmont Ave, #351  
 Primary  
 General  
 Other (specify) ▼

City: OAKLAND State: CA ZIP Code: 94611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	5000.00	0.00

**TERMS**  
 Date Incurred: 09 / 19 / 2012 Date Due: 9/19/2013 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 0.00  
**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 (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Marilyn Singleton for Congress** Transaction ID : **SC/10.5396**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MARILYN M SINGLETON</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3871 Piedmont Ave, #351		

City	State	ZIP Code
OAKLAND	CA	94611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	1900.00	600.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
09 / 27 / 2012	9/27/2013	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	600.00
<b>TOTALS</b> This Period (last page in this line only).....	14600.00

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**