

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Marilyn Singleton for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2012 To: M M / D D / Y Y Y Y 10 / 17 / 2012

	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))....	13882.88	53930.23
(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)).....	13882.88	53930.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12938.87	68485.53
(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)).....	12938.87	68485.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6944.70	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	21500.00	

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 3 (Revised 12/2003)

Write or Type Committee Name

Marilyn Singleton for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3599.00	25215.00
(ii) Unitemized.....	1574.50	15928.31
(iii) TOTAL of contributions from individuals ▶	5173.50	41143.31
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	6000.00	6000.00
(d) The Candidate.....	2709.38	6786.92
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13882.88	53930.23
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	21500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	21500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	13882.88	75430.23

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12938.87	68485.53
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	12938.87	68485.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6000.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13882.88
25. SUBTOTAL (add Line 23 and Line 24).....	19883.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12938.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6944.70

**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 5 OF 18
	<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	

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NAME OF COMMITTEE (In Full)
Marilyn Singleton for Congress

A. Full Name (Last, First, Middle Initial)
Ms Susan Bernard

Mailing Address 222 West Chanslor Ave

City Richmond State CA Zip Code 94801

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

Name of Employer none Occupation Sales

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 490.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2012

Transaction ID : SA11AI.5445

Amount of Each Receipt this Period
 _____ 100.00

B. Full Name (Last, First, Middle Initial)
Mr. Dan Jeffrey Brown

Mailing Address 3871 Piedmont Ave #351

City Oakland State CA Zip Code 94611

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

Name of Employer AIR TECH SALES Occupation Sales

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2012

Transaction ID : SA11AI.5438

Amount of Each Receipt this Period
 _____ 1499.00

C. Full Name (Last, First, Middle Initial)
Cheryl Burnett

Mailing Address 3606 Glen Park Dr

City Oakland State CA Zip Code 94602

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

Name of Employer Focus Diagnostics Occupation Medical Diagnostics Sales

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2012

Transaction ID : SA11AI.5461

Amount of Each Receipt this Period
 _____ 250.00
 Anderson event

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

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

_____ 1849.00

**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 6 OF 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Marilyn Singleton for Congress

A. Full Name (Last, First, Middle Initial)
Frank Christensen

Mailing Address 477 Crosby Road

City Ferndale State CA Zip Code 95536

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

Name of Employer Erma Darling Occupation Apartment Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2012

Transaction ID : SA11AI.5442

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
James F Meagher

Mailing Address 22 Seaview Ave

City Piedmont State CA Zip Code 94611

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

Name of Employer Best effort Occupation Best effort

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 / 15 / 2012

Transaction ID : SA11AI.5496

Amount of Each Receipt this Period
500.00
 via mail

C. Full Name (Last, First, Middle Initial)
Mike Nielsen

Mailing Address 2130 Ashby Ave

City Berkeley State CA Zip Code 94705

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

Name of Employer Self Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 04 / 2012

Transaction ID : SA11AI.5436

Amount of Each Receipt this Period
200.00
 Paypal

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

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

1000.00

**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 7 OF 18
	<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	

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NAME OF COMMITTEE (In Full)
Marilyn Singleton for Congress

A. Full Name (Last, First, Middle Initial)
Rick Tabor

Mailing Address 75 Sable Pointe Rd

City Alameda State CA Zip Code 94502

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

Name of Employer Self Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 04 / 2012

Transaction ID : SA11AI.5437

Amount of Each Receipt this Period
 250.00
 Paypal

B. Full Name (Last, First, Middle Initial)
George R Watson

Mailing Address 2209 Timbercreek Cr

City Wichita State KS Zip Code 67204

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

Name of Employer Self Occupation D.O.

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 / 15 / 2012

Transaction ID : SA11AI.5471

Amount of Each Receipt this Period
 500.00
 Paypal

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).....

750.00

3599.00

**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 18
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input 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)
American Society of Anesthesiologists PAC

Mailing Address 520N Northwest Highway

City Park Ridge State IL Zip Code 60068

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2012

Transaction ID : SA11C.5389

Amount of Each Receipt this Period
 Contribution 1000.00

B. Full Name (Last, First, Middle Initial)
Association of American Physicians and Surgeons PAC

Mailing Address 1601 N. tucson Blvd Ste 9

City Tucson State AZ Zip Code 85716

FEC ID number of contributing federal political committee. **C** C00041590

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2012

Transaction ID : SA11C.5468

Amount of Each Receipt this Period
 AAPS 5000.00

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).....

6000.00

6000.00

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 9 OF 18
	<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 / 17 / 2012

Transaction ID : SA11D.5558

Amount of Each Receipt this Period
2709.38

Yard signs and stands

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)

Election Cycle-to-Date

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

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)

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).....

2709.38

2709.38

**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 10 OF 18			
	<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) A. Bay Bridge Communications		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 3260 Blume Dr #520		Amount of Each Disbursement this Period 3174.00
City Richmond State CA Zip Code 94806	Purpose of Disbursement Radio ads	Transaction ID : SB17.5469
Candidate Name Marilyn Singleton for Congress	Category/Type 004	
Office Sought: <input checked="" 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: CA District: 13		

Full Name (Last, First, Middle Initial) B. Clear Channel San Francisco		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 340 Townsend St.		Amount of Each Disbursement this Period 2460.00
City San Francisco State CA Zip Code 94107	Purpose of Disbursement radio spots	Transaction ID : SB17.5518
Candidate Name Marilyn Singleton for Congress	Category/Type 004	
Office Sought: <input checked="" 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: CA District: 13		

Full Name (Last, First, Middle Initial) c. DataBank.us		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address 39270 Paseo Padre Pkwy Suite 513		Amount of Each Disbursement this Period 1000.00
City Fremont State CA Zip Code 94538	Purpose of Disbursement Bart Tables	Transaction ID : SB17.5446
Candidate Name Marilyn Singleton for Congress	Category/Type 007	
Office Sought: <input checked="" 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: CA District: 13		

SUBTOTAL of Disbursements This Page (optional).....	6634.00
TOTAL 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 11 OF 18	
	<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) A. Marketshareonline.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 2001 Tarob Ct		Amount of Each Disbursement this Period 2709.38
City Milpitas State CA Zip Code 95034	Purpose of Disbursement Yard signs and metal stands	Category/ Type 006
Candidate Name Marilyn Singleton for Congress	Office Sought: <input checked="" 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: CA District: 13	Transaction ID : SB17.5561	

Full Name (Last, First, Middle Initial) B. Minuteman Press		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2012
Mailing Address 6735 Sierra Ct. Suite C		Amount of Each Disbursement this Period 546.21
City Dublin State CA Zip Code 94568	Purpose of Disbursement Walkers	Category/ Type 006
Candidate Name Marilyn Singleton for Congress	Office Sought: <input checked="" 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: CA District: 13	Transaction ID : SB17.5454	

Full Name (Last, First, Middle Initial) c. PayPal		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 14.80
City Omaha State NE Zip Code 68145	Purpose of Disbursement fee	Category/ Type 003
Candidate Name Marilyn Singleton for Congress	Office Sought: <input checked="" 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: CA District: 13	Transaction ID : SB17.5473	

SUBTOTAL of Disbursements This Page (optional).....	3270.39
TOTAL 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 12 OF 18	
	<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) A. PayPal		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.5476
City Omaha	State NE	
Purpose of Disbursement fee	003	Category/ Type
Candidate Name Marilyn Singleton for Congress		
Office Sought: <input checked="" 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: CA	District: 13	

Full Name (Last, First, Middle Initial) B. PayPal		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.5479
City Omaha	State NE	
Purpose of Disbursement fee	003	Category/ Type
Candidate Name Marilyn Singleton for Congress		
Office Sought: <input checked="" 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: CA	District: 13	

Full Name (Last, First, Middle Initial) c. PayPal		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.5482
City Omaha	State NE	
Purpose of Disbursement fee	003	Category/ Type
Candidate Name Marilyn Singleton for Congress		
Office Sought: <input checked="" 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: CA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	8.15
TOTAL 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 13 OF 18			
	<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) A. PayPal		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.5485
City Omaha	State NE	
Purpose of Disbursement fee	003	Category/ Type
Candidate Name Marilyn Singleton for Congress		
Office Sought: <input checked="" 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: CA	District: 13	

Full Name (Last, First, Middle Initial) B. PayPal		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 3.20 Transaction ID : SB17.5489
City Omaha	State NE	
Purpose of Disbursement fee	003	Category/ Type
Candidate Name Marilyn Singleton for Congress		
Office Sought: <input checked="" 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: CA	District: 13	

Full Name (Last, First, Middle Initial) c. PayPal		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address P.O. Box 45950		Amount of Each Disbursement this Period 1.75 Transaction ID : SB17.5492
City Omaha	State NE	
Purpose of Disbursement fee	003	Category/ Type
Candidate Name Marilyn Singleton for Congress		
Office Sought: <input checked="" 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: CA	District: 13	

SUBTOTAL of Disbursements This Page (optional).....	8.15
TOTAL 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 14 OF 18			
	<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) A. PayPal		Date of Disbursement
Mailing Address P.O. Box 45950		M M / D D / Y Y Y Y 10 / 17 / 2012
City Omaha	State NE	Zip Code 68145
Purpose of Disbursement fee	Category/ Type 003	Amount of Each Disbursement this Period 1.03
Candidate Name Marilyn Singleton for Congress	Disbursement For: 2012	Transaction ID : SB17.5516
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 13		

Full Name (Last, First, Middle Initial) B. Post News Group		Date of Disbursement
Mailing Address 405 14th St		M M / D D / Y Y Y Y 10 / 03 / 2012
City Oakland	State CA	Zip Code 94612
Purpose of Disbursement Ads	Category/ Type 004	Amount of Each Disbursement this Period 3000.00
Candidate Name Marilyn Singleton for Congress	Disbursement For: 2012	Transaction ID : SB17.5514
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 13		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3001.03
TOTAL This Period (last page this line number only).....	12921.72

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 General
 3871 Piedmont Ave, #351 Other (specify) ▼

City State ZIP Code
 OAKLAND CA 94611

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

Date Incurred M 03 / D 26 / Y 2012	Date Due M M / D D / Y 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: []

SUBTOTALS This Period This Page (optional).....	▶	9000.00
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

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

07 / 26 / 2012

Date Due

7/26/2013

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)..... ▶

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

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/10.5394

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:

09

19

2012

9/19/2013

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) Transaction ID : **SC/10.5396**
Marilyn Singleton for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) MARILYN M SINGLETON	[PERSONAL FUNDS]	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	0.00	2500.00

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

SUBTOTALS This Period This Page (optional).....	2500.00
TOTALS This Period (last page in this line only).....	21500.00

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