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STATEMENT OF

RECEIVED 7

| FORM 1 | ORGANIZA | ATION | | 2012 JAN 20 PM 12: 25 | | |
|-------------------------------------|---|--|---------------------|----------------------------------|--|--|
| NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | | | |
| MARILYN | SWGLETON | FOR CONC | BRESS | | | |
| ADDRESS (number and stre | et) P. D. BOX 2 | 176 7 | | | | |
| (Check if address is changed) | BAKLAMD | BAKLAND, | | CA 94602-12967 | | |
| | 1 | CITY | STATE | ZIP CODE | | |
| COMMITTEE'S E-MAIL AD | DRESS (Please provide only one e- | -mail address) | | • | | |
| (Check if addressis changed) | ss Singleton- | Poradra | | earth 1 into | | |
| COMMITTEE'S WEB PAGE | WINE SING | esan for | CONGI | RIGI DIGEL | | |
| is changed) | who kill to the landred | | My 143 | 19.6 × 1910 × 12. × 10.0 | | |
| a _{ia u} DATE 2.2 ′ | 2912 | | •• | | | |
| 3 ¹¹⁶ FEO:IDENTIFICATIO | N'NUMBER CO | 0507418 | | | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | t energy of any of | and complexe. | | |
| I certify that I have examin | ned this Statement and to the best | of my knowledge and belief | it is true, correct | and complete. | | |
| Typecor(Print Name/GI/Trea | dáuhidin N <u>III DAN BE</u> | FEREY BI | 20WW | | | |
| Signature of Treasurer | -MAJB | 200 | Date | 29 2011 | | |
| NOTE: Submission of false, | erroneous, or incomplete information ANY CHANGE IN INFORMATIO | PP - 197 | | the penalties of 2 U.S.C. §437g. | | |
| Office Use | 1. | For further information Federal Election Commi- Toll Free 800-424-9530 | | FEC FORM 1 (Revised 02/2009) | | |

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| FEC | C For | rm 1 (Revised 02/2009) | Page 2 | | | |
|--|-------|---|----------------------------------|--|--|--|
| TYPE OF COMMITTEE | | | | | | |
| Candidate Committee: | | | | | | |
| (a) | 区 | 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 information below.) | the candidate | | | |
| Name of Candidate MARILYN M. SINGLETON | | | | | | |
| Candida Party Af | | on Sought: House Senate President | itate ## | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| Name of Candida | | | | | | |
| Party (| Com | nmittee: | | | | |
| (d) | | | ocratic, olican, etc.) Party. | | | |
| Politic | al A | ction Committee (PAC): | | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | d organizatioπ is a: | | | |
| | | Corporation Corporation w/o Capital Stock | or Organization | | | |
| | | Membership Organization Trade Association Coo | perativ e | | | |
| | | 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.) | | | | |
| Joint Fundraising Representative: | | | | | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, at least one of which is an authorized committee of a federal candidate. | nore political | | | |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or n committees/organizations, none of which is an authorized committee of a federal candidate. | nore political | | | |
| Committees Participating in Joint Fundraiser | | | | | | |
| 1 | 1. | FEC ID number C | | | | |
| 2 | 2. | FEC ID number | | | | |
| 3 | 3. | FEC ID number | | | | |
| 4 | 4. | | | | | |

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|--|--|
| Write or Type Committee Name | |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising R | epresentative, or Leadership PAC Sponsor |
| <u> </u> | |
| | |
| Mailing Address | |
| | |
| | 1 . 1 . 1 |
| CITY | STATE ZIP CODE |
| Relationship: Connected Organization Affiliated Committee Joint Fundrais | ing Representative Leadership PAC Sponsor |
| Custodian of Records: Identify by name, address (phone number optional) and pobooks and records. | osition of the person in possession of committee |
| Full Name DAY TEFFREY BROWN | |
| Full Name DAY SEFFREY BROWN Mailing Address 3871 REDMONT AVE | E. #351 |
| | |
| CAKLAND | CA 194611-5378 |
| Title or Position CITY | STATE ZIP CODE |
| TREASURE Q Teiephone | number <u>517</u> - <u>33</u> 9 - <u>26</u> 73 |
| Treasurer: List the name and address (phone number optional) of the treasurer of any designated agent (e.g., assistant treasurer). | the committee; and the name and address of |
| Full Name of Treasurer DAN DEFFREY BROWN | |
| Mailing Address 3371 PEDMONTAGE | |
| | |
| CITY | STATE ZIP CODE |
| Title or Position | 5.10-1339-1717-1 |

CITY

STATE

ZIP CODE

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Name of Bank, Depository, etc.

Mailing Address

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| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indi | MING DOCUMENTS |
|---|--------------------------|
| Hand Delivered | Date of Receipt |
| USPS First Class Mail | Postmarked |
| USPS Registered/Certified | Postmarked (R/C) |
| USPS Priority Mail | Postmarked |
| Delivery Confirmation [™] or Signature C | confirmation' Label |
| USPS Express Mail | Postmarked |
| Postmark Illegible | |
| No Postmark | |
| Overnight Delivery Service (Specify): | Shipping Date |
| | siness 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): | of Receipt or Postmarked |
| Er | 1/20/12 |
| PREPARER (3/2005) | DATE PREPARED |
| (3/2005) | |