48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of $1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL
SCOTT SINGER FOR CONGRESS

ADDRESS (number and street) PO BOX 810335

CITY	STATE	ZIP CODE
BOCA RATON	FL	33481

2. NAME OF CANDIDATE
SINGER, SCOTT, M., ,

3. OFFICE SOUGHT (State and District)
House FL 25

4. FEC IDENTIFICATION NUMBER
C00932574

5. IS THIS AN AMENDMENT? [X] NO, THIS IS A NEW FILING [ ] YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

A. FULL NAME FLANCBAUM, MORRIS, , ,			Name of Employer SELF-EMPLOYED	Date (month, day, year) 08/03/2026	Amount 4500.00
MAILING ADDRESS 2200 NORTHWEST CORPORATE BLVD			**Transaction ID : 177919988**		
CITY BOCA RATON	**STATE** FL	**ZIP CODE** 33431	Occupation BUILDER		
B. FULL NAME MAROWITZ, JANICE, , ,			Name of Employer RETIRED	Date (month, day, year) 08/03/2026	Amount 3125.00
MAILING ADDRESS 17533 VIA CAPRI			**Transaction ID : 177943416**		
CITY BOCA RATON	**STATE** FL	**ZIP CODE** 33496	Occupation RETIRED		
C. FULL NAME MAROWITZ, STUART, A, ,			Name of Employer RETIRED	Date (month, day, year) 08/03/2026	Amount 3125.00
MAILING ADDRESS 17533 VIA CAPRI			**Transaction ID : 177943418**		
CITY BOCA RATON	**STATE** FL	**ZIP CODE** 33496	Occupation RETIRED		
D. FULL NAME			Name of Employer	Date (month, day, year)	Amount
MAILING ADDRESS					
CITY	**STATE**	**ZIP CODE**	Occupation		
E. FULL NAME			Name of Employer	Date (month, day, year)	Amount
MAILING ADDRESS					
CITY	**STATE**	**ZIP CODE**	Occupation		

SIGNATURE (optional)
CRATE, BRADLEY, T., ,

DATE
08/05/2026

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

FEC FORM 6
(Revised 03/2016)