

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

Marjorie 2014

ADDRESS (number and street)

PO Box 444

Check if different than previously reported. (ACC)

Conshohocken

PA

19428

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00545301

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

PA

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

M M / D D / Y Y Y Y

/

/

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

/

/

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2018

through

M M / D D / Y Y Y Y

03 / 31 / 2018

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

May, Jennifer, , ,

Signature of Treasurer

May, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 15 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Marjorie 2014

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)).... | 0.00 | 0.00 |
| (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))..... | 0.00 | 0.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 0.00 | 0.00 |
| (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))..... | 0.00 | 0.00 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 361.89 | |
| 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)..... | 251739.50 | |

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 05/2016)

Write or Type Committee Name

Marjorie 2014

Report Covering the Period: From: MM / DD / YYYY 01 / 01 / 2018 To: MM / DD / YYYY 03 / 31 / 2018

| 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)..... | 0.00 | 0.00 |
| (ii) Unitemized..... | 0.00 | 0.00 |
| (iii) TOTAL of contributions from individuals ▶ | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 0.00 | 0.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 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)..... ▶ | 0.00 | 0.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 0.00 | 0.00 |
| 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) ► | 0.00 | 0.00 |

III. CASH SUMMARY

| | |
|---|--------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 361.89 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 0.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 361.89 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 0.00 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 361.89 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Marjorie 2014** Transaction ID : **SC/10.4126**

| | | | |
|--|-------------|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Margolies, Marjorie, , , | | <input type="checkbox"/> Memo Item | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 3701 Chestnut St Fl 6 | | | |
| City Philadelphia | State PA | ZIP Code 19104 | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|--------------------------------------|------------------------------------|--|
| Original Amount of Loan 120000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 120000.00 |
|--------------------------------------|------------------------------------|--|

| | | | | |
|--------------|---------------------------------------|--------------------------------------|--|---|
| TERMS | Date Incurred M 05 / D 19 / Y 2014 | Date Due M M / D D / Y 12/31/2014 | Interest Rate (If none, enter 0) 0.00 % (apr) | Secured: <input checked="" type="checkbox"/> Yes <input 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: |

| | |
|---|-----------|
| SUBTOTALS This Period This Page (optional).....▶ | 120000.00 |
| 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) **Marjorie 2014** Transaction ID : **SC/10.4144**

| | | | |
|--|--|------------------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) | | <input type="checkbox"/> Memo Item | Election: 2014 |
| Margolies, Marjorie, , , | | | <input checked="" type="checkbox"/> Primary |
| Mailing Address 3701 Chestnut St Fl 6 | | | <input type="checkbox"/> General |
| City | | State | ZIP Code |
| Philadelphia | | PA | 19104 |
| | | | <input checked="" type="checkbox"/> Personal Funds of the Candidate |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 23750.00 | 0.00 | 23750.00 |

| | | | | |
|--------------|----------------------|--------------------------|----------------------------------|---|
| TERMS | Date Incurred | Date Due | Interest Rate (If none, enter 0) | Secured: |
| | M 06 / D 30 / Y 2015 | M M / D D / Y 12/31/2016 | 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: |

| | |
|---|-----------|
| SUBTOTALS This Period This Page (optional).....▶ | 23750.00 |
| TOTALS This Period (last page in this line only).....▶ | 143750.00 |

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Marjorie 2014

| | | | |
|---|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor August, Linda, , , | | | Nature of Debt (Purpose): Consultant - Fundraising |
| Mailing Address 2401 Pennsylvania Ave 6B23 | | | |
| City Philadelphia | State PA | Zip Code 19130 | |

| | | |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period 28000.00 | Transaction ID : SD10.4118 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 28000.00 |

| | | | |
|---|-------------|-------------------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Erickson & Company, Inc. | | | Nature of Debt (Purpose): Consultant - Fundraising |
| Mailing Address 38 Ivy St, SE | | | |
| City Washington | State DC | Zip Code 20003 | |

| | | |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period 12000.00 | Transaction ID : SD10.4119 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 12000.00 |

| | | | |
|--|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Front Stoop Strategies, LLC | | | Nature of Debt (Purpose): Consultant - Strategy |
| Mailing Address PO Box 444 | | | |
| City Conshohocken | State PA | Zip Code 19428 | |

| | | |
|--|-----------------------------|--|
| Outstanding Balance Beginning This Period 3000.00 | Transaction ID : SD10.4120 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3000.00 |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 43000.00 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Marjorie 2014

| | | | |
|--|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joe Trippi & Associates, Inc. | | | Nature of Debt (Purpose): Consultant - Website |
| Mailing Address 606A N Talbot St Ste 303 | | | |
| City Saint Michaels | State MD | Zip Code 21663 | |

| | | |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period 10500.00 | Transaction ID : SD10.4121 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 10500.00 |

| | | | |
|---|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jones & Associates | | | Nature of Debt (Purpose): Voter Contact |
| Mailing Address 30 Twig Ln | | | |
| City Willingboro | State NJ | Zip Code 08046 | |

| | | |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period 22500.00 | Transaction ID : SD10.4122 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 22500.00 |

| | | | |
|--|-------------|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Katz Watson Group, Inc. | | | Nature of Debt (Purpose): Consultant - Fundraising |
| Mailing Address 236 Massachusetts Ave, NE Ste 602 | | | |
| City Washinton | State DC | Zip Code 20002 | |

| | | |
|---|-----------------------------|---|
| Outstanding Balance Beginning This Period 22000.00 | Transaction ID : SD10.4123 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 22000.00 |

| | | |
|--|---|----------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 55000.00 |
| 2) TOTALS This Period (last page this line number only) | ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | |

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Marjorie 2014

| | | | |
|---|-------------|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie | | | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 700 13th St, NW Ste 600 | | | |
| City Washington | State DC | Zip Code 20005 | |

| | | | |
|--|-----------------------------|--|--|
| Outstanding Balance Beginning This Period 9989.50 | | Transaction ID : SD10.4125 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 9989.50 | |

| | | | |
|--|-------|----------|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | Nature of Debt (Purpose): |
| Mailing Address | | | |
| City | State | Zip Code | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Outstanding Balance at Close of This Period | |
| Amount Incurred This Period | Payment This Period | | |

| | | | |
|--|-------|----------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | Nature of Debt (Purpose): |
| Mailing Address | | | |
| City | State | Zip Code | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Outstanding Balance at Close of This Period | |
| Amount Incurred This Period | Payment This Period | | |

| | | |
|--|---|-----------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 9989.50 |
| 2) TOTALS This Period (last page this line number only) | ▶ | 107989.50 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | ▶ | 143750.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | ▶ | 251739.50 |