STATEMENT OF

RECEIVED

FORM 1		ORGANIZATION		2813 MAY 30 AM 8:5\$ FECOMOLUM ONCLUTED	
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	and a control of the
Marjorie 20	014		· 		
				<u> </u>	
ADDRESS (number a	nd street)	PO Box 444	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 		
(Check if address is changed)				1 1 1 1 1	<u> </u>
		Conshohocke	n .	PA (19428
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	AL ADDRE	SS (Please provide only one e	e-mail address)		
		info@marjorie	2014.com , , ,		
(Check if is change				1 1 1 1 1 1	
COMMITTEE'S WEB			arjorie2014.com	 	
(Check if is change		L			
2. DATE 05	30	2013			,
3. FEC IDENTIFIC	CATION N	UMBER C	and the second s		
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined ti		t of my knowledge and belief i	t is true, correct a	and complete.
Type or Print Name	of Treasure	, Jennifer May	, , , , , , , , , , , , , , , , , , ,		
Signature of Treasure	er (leanif MI	Mary	Date 05	<u> 30</u> / 2013.
NOTE: Submission of	false, erron	•	mey subject the person signing ON SHOULD BE REPORTED V		he penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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5.			OMMITTEE				
		didate	Committee:				
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate			
	Name Cand		Marjorie Margolies				
				e. PÅ			
	Cand Party	idate Affiliati	on DEM Office Sought: House Senate President	State <u>FA</u>			
		_		District 13			
	(c)	Ш	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Cand						
Party Committee:							
	(d)	П		(Democratic, Republican, etc.) Party.			
	Polif	lical A	ction Committee (PAC):				
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a			
	(0)			Labor Organization			
				,			
			Membership Organization Trade Association	Cooperative			
			In addition, this committee is a Lobbyist/Registrant PAC.				
	gregated fund or party						
committee. (i.e., nonconnected committee) In addition, this committee ts a Lobbyist/Registrant PAC.							
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
		t Func	raising Representative:				
	(g)	Ц	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political			
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
		Com	mittees Participating in Joint Fundraiser				
		1,	FEC ID number				
		2.					
		3,	FEC ID number C				
		4.					

Page 3 FEC Form 1 (Revised 02/2009) Write or Type Committee Name Marjorie 2014 Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor ane Mailing Address STATE ZIP CODE CITY Leadership PAC Sponsor Joint Fundraising Representative Relationship: Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. Jennifer May Full Name Mailing Address Conshohocken Title or Position STATE ZIP CODE CITY reasurer |202, |-|365, Telephone number Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Jennifer May of Treasurer Mailing Address Conshohocken

CITY STATE ZIP CODE Title or Position _ITreasurer Telephone number

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	.		
Mailing Address		<u> </u>	
	CITY	STATE	ZIP CODE
Title or Position	Teleph	none number	J-LJ-LJ
9. Banks or Other safety deposit bo Name of Bank, [committee deposits fu	nds, holds accounts, rents
	Bank of America		
Mailing Address	405 Fayette St		
	[Conshohocken	<u>P</u> A	19428
	CITY	STATE	ZIP CODE
Name of Bank I	Depository, etc.		
Marile Of Barik, I		•	
Name of Bank, i	<u> </u>		
Mailing Address			

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify):

DATE PREPARED

(3/2005)