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FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

1 011111 0	For An Authorized Committee Office				e Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing, type r the lines.	12FE4M5		
Marjorie 2014						
		1 1 1 1 1				
	PO Box 444					
ADDRESS (number and street) ▼						
Check if different than previously reported. (ACC)	Conshohocken			PA 194	28	
	. NUMBER W	CITY ▲		STATE ▲	ZIP CODE ▲	
2. FEC IDENTIFICATION C C00545301	3 NUMBER ▼	. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT	
4. TYPE OF REPORT (a) Quarterly Reports: April 15 Quarte	(b)	12-Day PRE -	Election Report for t	General (12G)	Runoff (12R)	
July 15 Quarter October 15 Quarter	rly Report (Q2) arterly Report (Q3)	Election on	Convention (12C)	Special (12S)	in the State of	
January 31 Yea	r-End Report (YE) (c)	30-Day POST	-Election Report for	the:		
			General (30G)	Runoff (30R)	Special (30S)	
Termination Rep	port (TER)	Election on	M M / D D	/	in the State of	
5. Covering Period	M M / D D / Y	^Y 2017	through	03 / D D / Y	Y Y Y 2017	
I certify that I have examined	May, Jennifer, , ,	best of my kno	owledge and belief it	is true, correct and co	mplete.	
Signature of Treasurer	May, Jennifer, , ,	ı	[Electronically Filed]	Date 04	12 / Y Y Y Y Y Y Y 2017	
NOTE: Submission of false, er	roneous, or incomplete in	formation may s	ubject the person sigr	ning this Report to the p	enalties of 52 U.S.C. §30109	
Office Use Only					FEC FORM 3 (Revised 05/2016)	

Marjorie 2014

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

2017 2017 03 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 0.00 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 0.00 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 361.89 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 251739.50 Schedule C and/or Schedule D).....

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

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Marjorie 2014

Report Covering the Period: From: 01 01 2017 To: 03 31 2017

	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(iii) TOTAL of contributions	0.00	0.00	
	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	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00	
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3.	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	
4.	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
6.	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

FEC Form 3 (Revised 05/2016)

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		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	0.00	0.00
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LO	AN 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.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
		man i ditical dominitees		, , , , ,
	(b)	Political Party Committees Other Political Committees	0.00	0.00
	(c)	(such as PACs)	0.00	0.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	ОТІ	HER DISBURSEMENTS	0.00	0.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	0.00	0.00
		III. CASH SUI	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	TING PERIOD	361.89
24	то	TAL RECEIPTS THIS PERIOD (from Line 1	6, page 3)	0.00
25.	SUI	BTOTAL (add Line 23 and Line 24)		361.89
26.	то	TAL DISBURSEMENTS THIS PERIOD (from	n Line 22)	0.00
27.		SH ON HAND AT CLOSE OF REPORTING	i PERIOD	361.89

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5
FOR LINE NUMBER: (check only one)

×	13a
	13b

9

OF

Transaction ID: SC/10.4126 NAME OF COMMITTEE (In Full) Marjorie 2014 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Margolies, Marjorie, , , General Mailing Address 3701 Chestnut St Other (specify) FI6 City State ZIP Code X Personal Funds of the Candidate PΑ 19104 Philadelphia Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 120000.00 0.00 120000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D19^D M 05M ž014 Y12/31/2014 Y % (apr) No List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code 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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 6

13a

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			Detailed durinitary i	age	13b		
NAME OF COMMITTEE (In Full)			Trans	action ID : SC/10.4144			
Marjorie 2014							
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo Ite	m Election: 2014			
Margolies, Marjorie, , ,		✗ Primary					
,			General				
Mailing Address 3701 Chestnut St				Other (specify)			
FI 6							
City	State	ZIP Code)				
Philadelphia	PA	19104		Personal Funds of the	Candidate		
Original Amount of Loan	Cumulative Page	yment To D	ate B	alance Outstanding at Close of	This Period		
23750.00			0.00	237	50.00		
, , , , , ,	9						
TERMS Date Incurred	С	Date Due	Interest Ra (If none, en		∍d:		
M06M / D30D / Y 2015	M M / D D	/ Y12/3	ś1/2Ŏ16 ^Y	0.00 % (apr) Ye	es 🗶 No		
	1 0			70 (αρί)			
List All Endorsers or Guarantors (if any) to	o Loan Source		Name of Francisco				
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(Occupation				
		<u> </u>	Amount				
City State	ZIP Code		Guaranteed		П		
Oity	ZIF Code	(Outstanding:	7			
2. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
			A ma a m t				
011	710.0.1		Amount Guaranteed				
City	ZIP Code		Outstanding:	7			
3. Full Name (Last, First, Middle Initial)		!	Name of Employer				
Mailing Address		(Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	у у			
4. Full Name (Last, First, Middle Initial)	!	1	Name of Employer				
Mailing Address		(Occupation				
011	710.0		Amount Guaranteed				
City	ZIP Code		Outstanding:	y y			
·		•					
SUBTOTALS This Period This Page (optional)				227	50.00		
23750.00					50.00		
TOTALS This Period (last page in this line only	<i>y</i>)		······	14375	50.00		
Carry outstanding balance only to LINE 3, Sch	nedule D. for this	s line. If no	Schedule D. carry fo	orward to appropriate line of S	Summarv.		

PAGE OF SCHEDULE D (FEC Form 3) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans X** 10 NAME OF COMMITTEE (In Full) Mariorie 2014 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Consultant - Fundraising August, Linda, , , Mailing Address 2401 Pennsylvania Ave 6B23 City State Zip Code Philadelphia PΑ 19130 Transaction ID: SD10.4118 Outstanding Balance Beginning This Period 28000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 28000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Erickson & Company, Inc. Consultant - Fundraising Mailing Address 38 lvy St, SE City State Zip Code Washington 20003 DC Outstanding Balance Beginning This Period Transaction ID: SD10.4119 12000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 12000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Front Stoop Strategies, LLC Consultant - Strategy Mailing Address PO Box 444 City State Zip Code РΑ Conshohocken 19428 Outstanding Balance Beginning This Period Transaction ID: SD10.4120 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 3000.00 0.00 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** Exc NΑ

(Use separate schedule(s)

PAGE FOR LINE NUMBER:

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X	10

OF

хc	luding Loans			1	or each bered line)	(check only one)	x 10		
NA	ME OF COMMITTEE (In Full)								
Ν	1arjorie 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		·		Transactio	on ID : SD10.4121			
	10500.00								
	Amount Incurred This Period		Payment This Period		Outstandir	ng Balance at Close o	f This Period		
	0.00		0.0	00		, 10	500.00		
-	B. Full Name (Last, First, Middle Initial) of Deb Jones & Associates	tor or Cred	itor		Nature of D Voter Conta	ebt (Purpose): act			
İ	Mailing Address 30 Twig Ln								
	City Wilingboro	State NJ	Zip Code 08046						
	Outstanding Balance Beginning This Period 22500.00				Transaction	on ID : SD10.4122			
	Amount Incurred This Period		Payment This Period		Outstandir	ng Balance at Close o	f This Period		
	0.00		, 0.0	00		, 22	500.00		
-	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								
ı	City	State	Zip Code						
	Washinton Outstanding Polance Posinning This Period	DC	20002		T	ID OD40 4400			
	Outstanding Balance Beginning This Period				Transacti	ion ID : SD10.4123			
	22000.00		Doumant This Davied		Outotondi	on Dalaman at Class o	f This Davied		
	Amount Incurred This Period		Payment This Period	00	Outstandir	ng Balance at Close o	000.00		
	0.00		0.0	00		, ,	000.00		
1)	SUBTOTALS This Period This Page (optional)			···· >		55	000.00		
2)	TOTALS This Period (last page this line numb	oer only) ·····		···· >		, , , , , ,			
3)	TOTAL OUTSTANDING LOANS from Schedu	ile C (last p	age only)·····	···· >		, , , , , ,			
4)	ADD 2) and 3) and carry forward to appropri	ate line of S	Summary Page (last page or	nly) >					

SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE **FOF** (che

R LINE NUMBER:		
eck only one)		9
	X	10

NAME OF COMMITTEE (In Full) Mariorie 2014 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal Fees Perkins Coie Mailing Address 700 13th St, NW Ste 600 City State Zip Code Washington DC 20005 Transaction ID: SD10.4125 Outstanding Balance Beginning This Period 9989.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 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 Payment This Period Amount Incurred This Period Outstanding Balance at Close of 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 Payment This Period Amount Incurred This Period Outstanding Balance at Close of 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