PAGE 1 / 11

FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

1 0111111 0	For An Au	thorized Com	mittee	Off	Office Use Only		
NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	ample: If typing, type er the lines.	12FE4M5			
Marjorie 2014							
ADDRESS (number and street)	PO Box 444						
▼							
Check if different than previously reported. (ACC)	Conshohocken			PA 19	428		
2. FEC IDENTIFICATION N	IUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲		
C C00545301		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT		
4. TYPE OF REPORT (Cl	hoose One)	b) 12-Day PRE	-Election Report for t				
April 15 Quarterly	Report (Q1)	Ш	Primary (12P)	General (12G	Runoff (12R)		
July 15 Quarterly	Report (Q2)	Ш	Convention (12C)	Special (12S)			
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)		Election on	M M / D E) / Y Y Y Y	in the State of		
January 31 Year-E	and Report (YE)	(c) 30-Day POS	T-Election Report for	the:			
			General (30G)	Runoff (30R)	Special (30S)		
Termination Repor	t (TER)	Election on	M M / D C	7 Y " Y " Y " Y	in the State of		
5. Covering Period	10 / 01 /	Y Y Y Y Y 2020	through	1 M / D D / Y	Y Y Y Y 2020		
I certify that I have examined to	May, Jennifer, ,		nowledge and belief it	is true, correct and co	omplete.		
Ma Signature of Treasurer	y, Jennifer, , ,		[Electronically Filed]	Date 01	24 / 2021		
NOTE: Submission of false, error	neous, or incomplete	information may	subject the person sign	ning this Report to the p	penalties of 52 U.S.C. §30109		
Office Use Only					FEC FORM 3 (Revised 05/2016)		

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 11

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Marjorie 2014

2020 2020 10 2020 12 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 0.00 361.89 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 361.89 0.00 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 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

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

PAGE 3 / 11

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name Marjorie 2014		
	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 12 31 / 2020
I. RECEIPTS		
COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for
	11 03 2020 (date of general election)	11 04 2020 (date after general election)
 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (use Schedule A) 		through 12 31 2020 (last day of reporting period)
0.00 (ii) Unitemized	0.00	0.00
0.00	0.00	0.00
(iii) Total of contributions from individu	als	
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
0.00	0.00	0.00

Report of Receipts and Disbursements

PAGE 4 / 11

FEC Form 3 (Revised 1/01)

COLUMN A Total this Period		COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)	
	(d) The Candidate			
	0.00	0.00	0.00	
	(e) TOTAL CONTRIBUTIONS (other than lo	pans) (add Lines 11(a)(iii), (b), (c) and (d))		
	0.00	0.00	0.00	
12.	TRANSFERS FROM OTHER AUTHORIZED	COMMITTEES		
	0.00	0.00	0.00	
13.	LOANS: (a) Made or Guaranteed by the Candidate			
	0.00	0.00	0.00	
	(b) All Other Loans			
	0.00	0.00	0.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))			
	0.00	0.00	0.00	
14.	OFFSETS TO OPERATING EXPENDITURES	S (Refunds, rebates, etc.)		
	0.00	0.00	0.00	
15.	OTHER RECEIPTS (Dividends, Interest, etc.			
	0.00	0.00	0.00	
16.	TOTAL RECEIPTS (add 11(e), 12, 13(c), 14	and 15)		
	0.00	0.00	0.00	

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)		PAGE 5/11
Write or Type Committee Name		
Marjorie 2014		
Report Covering the Period: From:		To: 12 31 2020
II. DISBURSEMENTS		
COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
0.00	361.89	0.00
18. TRANSFERS TO OTHER AUTHORIZED COI	MMITTEES	
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Ca	andidate	
0.00	0.00	0.00
(b) Of All Other Loans		
(4)		
0.00	0.00	0.00
() TOTAL LOAN DEPARATION ()	10() 1 (0())	
(c) TOTAL LOAN REPAYMENTS (add Lines	s 19(a) and 19(b))	
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:(a) Individuals/Persons Other Than Political	Committees	
(a) marviodale, referre enter man remoders		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00
0.00	0.00	3.00

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 11

COLUMN A Total this Period		COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)	
	(c) Other Political Committees (such as PA	Cs)		
	0.00	0.00	0.00	
	(d) TOTAL CONTRIBUTION REFUNDS (ac	dd Lines 20(a), (b) and (c))		
	0.00	0.00	0.00	
21.	OTHER DISBURSEMENTS			
	0.00	0.00	0.00	
22.	TOTAL DISBURSEMENTS (add Lines 17, 1	8, 19(c), 20(d) and 21)		
	0.00	361.89	0.00	
	(Note: Substitute in lieu of Line #6	THAN LOANS) of Summary Page for this report only; subtraction 0.00	ct Line 20(d) from Line 11(e)) 0.00	
	IV. NET OPERATING EXPENDITUR	ES		
	(Note: Substitute in lieu of Line	#7 of Summary Page for this report only; sub	tract Line 14 from Line 17)	
	0.00	361.89	0.00	
	V. CASH SU	IMMARY		
23.	CASH ON HAND AT BEGINNING OF REPO	ORTING PERIOD	0.00	
24.	TOTAL RECIEPTS THIS PERIOD (from Lin	e 16)	0.00	
25.	SUBTOTAL (add Line 23 and Line 24)		0.00	
26.	TOTAL DISBURSEMENTS THIS PERIOD (rom Line 22)	0.00	
27.	CASH ON HAND AT CLOSE OF REPORTI	NG PERIOD (subtract Line 26 from Line 25)	0.00	

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 7
FOR LINE NUMBER: (check only one)

13a

11

				,	13b
NAME OF COMMITTEE (In Full) Marjorie 2014			Tra	ansaction ID : SC/10.4126	
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)			Item Election: 2014	
Margolies, Marjorie, , ,	∐ Memo	x Primary General			
Mailing Address 3701 Chestnut St FI 6				Other (specify)	
City	State	ZIP Code			
Philadelphia	PA	19104	Personal Funds of the Candida		
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance Outstanding at Close of This	Period
120000.00		9	0.00	120000.00	
TERMS Date Incurred	D	ate Due	Interest (If none,	st Rate Secured: e, enter 0)	
M05M / D19D / Y Z014 Y	M M / D D	/ ^Y 12/3	1/2Ŏ14 ^Y	0.00 % (apr) Yes	No
List All Endorsers or Guarantors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
			Amount		
City State	ZIP Code		Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City	ZIP Code		Guaranteed Outstanding:	7 7	
3. Full Name (Last, First, Middle Initial)		1	Name of Employer		
Mailing Address		(Occupation		
		A	Amount		
City	ZIP Code		Guaranteed Dutstanding:	y	
4. Full Name (Last, First, Middle Initial)	!	1	Name of Employer		
Mailing Address		(Occupation		
		A	Amount		
City	ZIP Code		Guaranteed Outstanding:	9 9 9	
SUBTOTALS This Period This Page (optional).				120000.00	$\overline{}$
TOTALS This Period (last page in this line only				1,25000000	Ħ
Carry outstanding balance only to LINE 3. Sci	andula D. for this	o lino. If ma	Sobodulo D. com	y forward to appropriate line of Com-	nor:
Carry outstanding palance only to LINE 3. Sch	recitie IJ. Tor this	s line. IT no	achequie I), carr	v lorward to appropriate line of Slimn	aarv

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 8
FOR LINE NUMBER: (check only one)

13a

11

			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)			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
				23/3	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.

Image# 202101249405280725 PAGE OF 11 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)

PAGE 10 OF 11 SCHEDULE D (FEC Form 3) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **x** 10 **Excluding Loans** NAME OF COMMITTEE (In Full) Mariorie 2014 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Consultant - Website Joe Trippi & Associates, Inc. Mailing Address 606A N Talbot St Ste 303 City State Zip Code Saint Michaels MD 21663 Transaction ID: SD10.4121 Outstanding Balance Beginning This Period 10500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 10500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Jones & Associates Voter Contact Mailing Address 30 Twig Ln State Zip Code Wilingboro 08046 NJ Outstanding Balance Beginning This Period Transaction ID: SD10.4122 22500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 22500.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Katz Watson Group, Inc. Consultant - Fundraising Mailing Address 236 Massachusetts Ave, NE Ste 602 City State Zip Code DC Washinton 20002 Outstanding Balance Beginning This Period Transaction ID: SD10.4123 22000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 22000.00 0.00 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

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

PAGE 11 OF FOR LINE NUMBER: (check only one)

:		
		9
	X	10

11

NAME OF COMMITTEE (In Full)

Marjorie 2014			
A. Full Name (Last, First, Middle Initial) of D 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	d		Transaction ID : SD10.4125
9989.50			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	9989.50
B. Full Name (Last, First, Middle Initial) of De	obtor or Crec	ditor	Nature of Debt (Purpose):
Mailing Address			_
City	State	Zip Code	
Outstanding Balance Beginning This Period	d		
Amount Incurred This Period	Outstanding Balance at Close of This Period		
		, , , , , , , , , , , , , , , , , , , ,	
C. Full Name (Last, First, Middle Initial) of D	ebtor or Cre	editor	Nature of Debt (Purpose):
Mailing Address			-
City	State	Zip Code	
Outstanding Balance Beginning This Period	d		
7 7 7 7			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
7 7 7	l L	9 9 9	
1) SUBTOTALS This Period This Page (options	al)		9989.50
2) TOTALS This Period (last page this line num	107989.50		
3) TOTAL OUTSTANDING LOANS from Scheo	143750.00		
4) ADD 2) and 3) and carry forward to approp	251739.50		