

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

2. FEC IDENTIFICATION NUMBER ▼

C C00545301

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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
07 / 01 / 2014

through

M M / D D / Y Y Y Y
09 / 30 / 2014

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 Jennifer May

Signature of Treasurer Jennifer May

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

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))....	1100.00	1107539.00
(b) Total Contribution Refunds (from Line 20(d))	178188.92	179788.92
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-177088.92	927750.08
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8679.89	1267876.84
(b) Total Offsets to Operating Expenditures (from Line 14).....	150126.00	228876.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	-141446.11	1039000.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....	466.40	
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).....	223000.00	

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 12/2003)

Write or Type Committee Name

Marjorie 2014

Report Covering the Period: From: / / To: / /

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).....	1000.00	1008451.00
(ii) Unitemized.....	0.00	32388.00
(iii) TOTAL of contributions from individuals ▶	1000.00	1040839.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	100.00	66700.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1100.00	1107539.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	120000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	120000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	150126.00	228876.00
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)..... ▶	151226.00	1456415.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8679.89	1267876.84
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	171188.92	171188.92
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7000.00	8600.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	178188.92	179788.92
21. OTHER DISBURSEMENTS	0.00	8282.84
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	186868.81	1455948.60

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	36109.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	151226.00
25. SUBTOTAL (add Line 23 and Line 24).....	187335.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	186868.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	466.40

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Marjorie 2014

A. Full Name (Last, First, Middle Initial)
Sara Miller McCune

Mailing Address 2979 Eucalyptus Hill Rd

City Montecito State CA Zip Code 93108-1832

FEC ID number of contributing federal political committee. **C**

Name of Employer Sage Publications Occupation Co-Founder/ Chair

Receipt For: 2014
 Primary General
 Other (specify) Debt Primary 2014

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2014

Transaction ID : VN8MQD9CJW0

Amount of Each Receipt this Period
 1000.00

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 44
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Friends of Greg Holt	Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2014
Mailing Address 2955 Elliott Ave	Transaction ID : VN8MQD9CFZ7
City State Zip Code Willow Grove PA 19090-4349	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Occupation	Comprised of Permissible Funds
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Primary 2014	
Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) B.	Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address	
City State Zip Code	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period
Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C.	Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address	
City State Zip Code	
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period
Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 44
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Marjorie 2014

A. Black Blue Media, Inc.

Full Name (Last, First, Middle Initial)
Black Blue Media, Inc.

Mailing Address **PO Box 192**

City **Gladwyne** State **PA** Zip Code **19035-0192**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **118750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : VN8MQD9CM36

Amount of Each Receipt this Period
40000.00

Refund of Media Account

B. Info Voter Technologies, Inc.

Full Name (Last, First, Middle Initial)
Info Voter Technologies, Inc.

Mailing Address **PO Box 192**

City **Gladwyne** State **PA** Zip Code **19035-0192**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **110000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : VN8MQD9H6Z5

Amount of Each Receipt this Period
92000.00

Refund

C. Info Voter Technologies, Inc.

Full Name (Last, First, Middle Initial)
Info Voter Technologies, Inc.

Mailing Address **PO Box 192**

City **Gladwyne** State **PA** Zip Code **19035-0192**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **110000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : VN8MQD9MDG6

Amount of Each Receipt this Period
18000.00

Refund

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

150000.00

150000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 201 Pennsylvania Ave SE		Amount of Each Disbursement this Period 15.00 Transaction ID : VN7NF9WPQ21
City Washington State DC Zip Code 20003-1107	Purpose of Disbursement Bank Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 201 Pennsylvania Ave SE		Amount of Each Disbursement this Period 15.00 Transaction ID : VN7NF9WPQ38
City Washington State DC Zip Code 20003-1107	Purpose of Disbursement Bank Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 201 Pennsylvania Ave SE		Amount of Each Disbursement this Period 15.00 Transaction ID : VN7NF9WPS24
City Washington State DC Zip Code 20003-1107	Purpose of Disbursement Bank Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 44			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 201 Pennsylvania Ave SE		Amount of Each Disbursement this Period 15.00 Transaction ID : VN7NF9WPS40
City Washington State DC Zip Code 20003-1107	Purpose of Disbursement Bank Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Clearwire		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 7101 Democracy Blvd		Amount of Each Disbursement this Period 109.98 Transaction ID : VN7NF9WPQ70
City Bethesda State MD Zip Code 20817-1018	Purpose of Disbursement Utilities Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Clearwire		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 7101 Democracy Blvd		Amount of Each Disbursement this Period 109.98 Transaction ID : VN7NF9WPQV8
City Bethesda State MD Zip Code 20817-1018	Purpose of Disbursement Utilities Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	234.96
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

A. Clearwire

Full Name (Last, First, Middle Initial)
Mailing Address 7101 Democracy Blvd

City Bethesda State MD Zip Code 20817-1018

Purpose of Disbursement Utilities
Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 09 / 22 / 2014

Amount of Each Disbursement this Period: 109.98
Transaction ID : VN7NF9WPPQZ0

Category/Type: 001

B. First Data Merchant Services

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement Credit Card Processing Fee
Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 07 / 03 / 2014

Amount of Each Disbursement this Period: 2303.91
Transaction ID : VN7NF9WPPQ4

Category/Type: 003

C. First Data Merchant Services

Full Name (Last, First, Middle Initial)
Mailing Address 5565 Glenridge Connector NE Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement Credit Card Processing Fee
Candidate Name

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 07 / 03 / 2014

Amount of Each Disbursement this Period: 114.95
Transaction ID : VN7NF9WPPS9

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional) 2528.84

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Harland Clarke		Date of Disbursement MM / DD / YYYY 07 / 31 / 2014
Mailing Address 10931 Laureate Dr		Amount of Each Disbursement this Period 80.76 Transaction ID : VN7NF9WPQK5
City San Antonio State TX Zip Code 78249-3312	Purpose of Disbursement Check Order Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Next Level Partners, LLC		Date of Disbursement MM / DD / YYYY 09 / 23 / 2014
Mailing Address 410 1st St SE Ste 310		Amount of Each Disbursement this Period 500.00 Transaction ID : VN7NF9WPRV9
City Washington State DC Zip Code 20003-1819	Purpose of Disbursement Consultant - Compliance 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. NGP VAN, Inc		Date of Disbursement MM / DD / YYYY 07 / 24 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 2100.00 Transaction ID : VN7NF9WPQE5
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Software 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2680.76
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 44	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Lawrence M. Otter		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address PO Box 2131		Amount of Each Disbursement this Period 2296.50 Transaction ID : VN7NF9WPRR5
City Doylestown	State PA	
Zip Code 18901-0649	Purpose of Disbursement Legal Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 49.00 Transaction ID : VN7NF9WPPZ7
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll - Invoice	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Paychex		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 243.95 Transaction ID : VN7NF9WPQR4
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll - Invoice	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2589.45
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Strehlow and Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 258 S State St Ste 1		Amount of Each Disbursement this Period 531.90
City Newtown State PA Zip Code 18940-3538	Purpose of Disbursement Consultant - Communications	Transaction ID : VN7NF9WPRD0
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	531.90
TOTAL This Period (last page this line number only).....	8610.91

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 44			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Nina Ahmad		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 405 E Gowen Ave		Amount of Each Disbursement this Period 2600.00
City Philadelphia	State PA	
Zip Code 19119-1025	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPVC9
Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Manawar Alam M.A., MBA		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 1866 Merlin Pl		Amount of Each Disbursement this Period 2400.00
City Philadelphia	State PA	
Zip Code 19116-3840	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPVR2
Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Roger Altman		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 55 E 52nd St FI 35		Amount of Each Disbursement this Period 2400.00
City New York	State NY	
Zip Code 10055-0110	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPT19
Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7400.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 44			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Neal Baer		Date of Disbursement MM / DD / YYYY 07 / 16 / 2014
Mailing Address 5719 Green Oak Dr		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPVD7
City Los Angeles	State CA	
Zip Code 90068-2505	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Andrew L. Barroway		Date of Disbursement MM / DD / YYYY 07 / 16 / 2014
Mailing Address 280 King Of Prussia Rd Barroway Topaz Kessler Meltzer & C		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPZT7
City Radnor	State PA	
Zip Code 19087-5110	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Charles Breslin		Date of Disbursement MM / DD / YYYY 07 / 16 / 2014
Mailing Address 210 W Rittenhouse Sq 2806		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPZ35
City Philadelphia	State PA	
Zip Code 19103-5726	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 44	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Robert Browne		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 25 Central Park W Apt 21K		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPTB8
City New York	State NY Zip Code 10023-7231	
Purpose of Disbursement Contribution Refund		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. James E. Cecchi		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 8 Rensselaer Rd		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPXZ2
City Essex Fells	State NJ Zip Code 07021-1404	
Purpose of Disbursement Contribution Refund		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Betsy Z. Cohen		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 1240 N Casey Key Rd		Amount of Each Disbursement this Period 2400.00 Transaction ID : VN7NF9WPZC6
City Osprey	State FL Zip Code 34229-9783	
Purpose of Disbursement Contribution Refund		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 44			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Edward E Cohen		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 1240 N Casey Key Rd		Amount of Each Disbursement this Period 2400.00 Transaction ID : VN7NF9WPYG7
City Osprey	State FL	
Zip Code 34229-9783	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Jonathan Cohen		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 1107 5th Ave		Amount of Each Disbursement this Period 2400.00 Transaction ID : VN7NF9WPX81
City New York	State NY	
Zip Code 10128-0145	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Norman Cohn		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 200 Pine Tree Rd		Amount of Each Disbursement this Period 2400.00 Transaction ID : VN7NF9WPVB1
City Radnor	State PA	
Zip Code 19087-3710	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 44			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Suzanne Cohn		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 200 Pine Tree Rd		Amount of Each Disbursement this Period 2400.00 Transaction ID : VN7NF9WPSS6
City Radnor State PA Zip Code 19087-3710	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jane Condon		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 38 Close Rd		Amount of Each Disbursement this Period 2400.00 Transaction ID : VN7NF9WPXT3
City Greenwich State CT Zip Code 06831-2722	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Glenn Cooper		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 19 Sleepy Hollow Dr		Amount of Each Disbursement this Period 2400.00 Transaction ID : VN7NF9WPY91
City Newtown Square State PA Zip Code 19073-3929	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 44
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. John Cordisco		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 777 Township Line Rd Ste 120		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPXF6
City Yardley	State PA	
Zip Code 19067-5559	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Jocelyn Cunningham		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 76 Middle Beach Rd W		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPXG4
City Madison	State CT	
Zip Code 06443-2913	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Barry Diller		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 555 W 18th St Fl 5		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPZM9
City New York	State NY	
Zip Code 10011-2822	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 44	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Laverne Durkson		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 4614 Canton St		Amount of Each Disbursement this Period 2400.00
City Philadelphia	State PA Zip Code 19127-2001	
Purpose of Disbursement Contribution Refund	Category/Type 010	Transaction ID : VN7NF9WPWM3
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Joseph M. Field		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 115 E Princeton Rd		Amount of Each Disbursement this Period 2600.00
City Bala Cynwyd	State PA Zip Code 19004-2230	
Purpose of Disbursement Contribution Refund	Category/Type 010	Transaction ID : VN7NF9WPX31
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Marie H. Field		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 115 E Princeton Rd		Amount of Each Disbursement this Period 2600.00
City Bala Cynwyd	State PA Zip Code 19004-2230	
Purpose of Disbursement Contribution Refund	Category/Type 010	Transaction ID : VN7NF9WPVK4
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 44			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Lynn Forester de Rothschild		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 435 E 52nd St # 18C		Amount of Each Disbursement this Period 2600.00
City New York	State NY	
Zip Code 10022-6445	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPW21
Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Fox Rothschild LLP		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 2000 Market St Fl 20		Amount of Each Disbursement this Period 1900.00
City Philadelphia	State PA	
Zip Code 19103-3222	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPYD3
Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Rona Stahl Ginott		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 650 Lake Ave		Amount of Each Disbursement this Period 400.00
City Greenwich	State CT	
Zip Code 06830-3854	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPT01
Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4900.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 44			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Lynne Z. Gold-Bikin Esq.			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 307 Hughes Rd			Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPVZ7
City King Of Prussia	State PA	Zip Code 19406-3713	
Purpose of Disbursement Contribution Refund		Category/ Type 010	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. John C Goodson			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 406 Walnut St			Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPC2
City Texarkana	State AR	Zip Code 71854-5219	
Purpose of Disbursement Contribution Refund		Category/ Type 010	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Stuart M. Grant			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 11 Summit Ln			Amount of Each Disbursement this Period 1000.00 Transaction ID : VN7NF9WPSV2
City Greenville	State DE	Zip Code 19807-2159	
Purpose of Disbursement Contribution Refund		Category/ Type 010	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 44			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Roberta W. Greene		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 5851 Potomac Ave NW		Amount of Each Disbursement this Period 250.00
City Washington	State DC	
Zip Code 20016-2517	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPT76
Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wendi Haas		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 23 Cherry Ct		Amount of Each Disbursement this Period 2350.00
City Lafayette Hill	State PA	
Zip Code 19444-2518	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPSK8
Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Donna Higgins		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 649 Strafford Cir		Amount of Each Disbursement this Period 2600.00
City Strafford	State PA	
Zip Code 19087-1932	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPYP4
Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 44			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Tracy E. Higgins		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 4 Stonebridge Rd		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPSM6
City Montclair	State NJ	
Zip Code 07042-1611	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Lynne R. Honickman		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 210 W Rittenhouse Sq Apt 3303		Amount of Each Disbursement this Period 1000.00 Transaction ID : VN7NF9WPVX1
City Philadelphia	State PA	
Zip Code 19103-5780	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. Edith A. Hunt		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 25 McWilliams Pl Ph 500		Amount of Each Disbursement this Period 1000.00 Transaction ID : VN7NF9WPYM8
City Jersey City	State NJ	
Zip Code 07302-1652	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 44			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Jill Iscol		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 63 Lyndel Rd		Amount of Each Disbursement this Period 2600.00
City Pound Ridge	State NY	
Zip Code 10576-1204	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPXM6
Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ken H. Iscol		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 63 Lyndel Rd		Amount of Each Disbursement this Period 2600.00
City Pound Ridge	State NY	
Zip Code 10576-1204	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPWZ0
Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Lesley Israel		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address PO Box 69 6433 Cedar Cove Road		Amount of Each Disbursement this Period 400.00
City Royal Oak	State MD	
Zip Code 21662-0069	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPWE5
Candidate Name	010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 44	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Kenneth A. Jacobsen		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 5 E Rose Valley Rd		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPWW6
City Wallingford State PA Zip Code 19086-6516	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Kenneth M. Jarin		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 1 Greenbriar Cir		Amount of Each Disbursement this Period 2400.00 Transaction ID : VN7NF9WPWT0
City Newtown State PA Zip Code 18940-2619	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Anessa Karney		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 273 N Layton Dr		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPZQ3
City Los Angeles State CA Zip Code 90049-2061	Purpose of Disbursement Contribution Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 44			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Lewis Katz Esq.		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 905 Kings Hwy N Ste 1		Amount of Each Disbursement this Period 2600.00
City Cherry Hill	State NJ	
Zip Code 08034-1536	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPWB2
Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Henry Kearney		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 4019 K St		Amount of Each Disbursement this Period 2400.00
City Philadelphia	State PA	
Zip Code 19124-5218	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPY26
Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. David B. Keidan		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 407 Hardscrabble Rd		Amount of Each Disbursement this Period 2600.00
City Briarcliff Manor	State NY	
Zip Code 10510-1806	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPYW0
Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 44			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Georgia Keidan		Date of Disbursement MM / DD / YYYY 07 / 16 / 2014
Mailing Address 407 Hardscrabble Rd		Amount of Each Disbursement this Period 2600.00
City Briarcliff Manor	State NY	
Zip Code 10510-1806	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPYA9
Candidate Name	Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Matt Keil		Date of Disbursement MM / DD / YYYY 07 / 16 / 2014
Mailing Address 406 Walnut St		Amount of Each Disbursement this Period 2600.00
City Texarkana	State AR	
Zip Code 71854-5219	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPVE5
Candidate Name	Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Kessler Topaz Meltzer & Check, LLP		Date of Disbursement MM / DD / YYYY 07 / 16 / 2014
Mailing Address 280 King Of Prussia Rd		Amount of Each Disbursement this Period 2600.00
City Radnor	State PA	
Zip Code 19087-5110	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPWR4
Candidate Name	Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 44			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. David Kessler			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 280 King Of Prussia Rd			Amount of Each Disbursement this Period 1250.00 Transaction ID : VN7NF9WPYR8
City Radnor	State PA	Zip Code 19087-5110	
Purpose of Disbursement Contribution Refund		Category/ Type 010	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Linda Ketner			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 12 Church St			Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPW70
City Charleston	State SC	Zip Code 29401-2744	
Purpose of Disbursement Contribution Refund		Category/ Type 010	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. James Leitner			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 4 Stonebridge Rd			Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPXW9
City Montclair	State NJ	Zip Code 07042-1611	
Purpose of Disbursement Contribution Refund		Category/ Type 010	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	6450.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 44	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Patrick Lynch		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 1 Park Row Ste 5		Amount of Each Disbursement this Period 1500.00 Transaction ID : VN7NF9WPV87
City Providence	State RI Zip Code 02903-1235	
Purpose of Disbursement Contribution Refund		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kenneth Maiman		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 3 Erwin Park		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPWS2
City Montclair	State NJ Zip Code 07042-3017	
Purpose of Disbursement Contribution Refund		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Manko Gold Katcher & Fox LLP		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 401 E City Ave Ste 500		Amount of Each Disbursement this Period 1000.00 Transaction ID : VN7NF9WPVQ4
City Bala Cynwyd	State PA Zip Code 19004-1124	
Purpose of Disbursement Contribution Refund		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5100.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 44			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Lee Heh Margolies		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 3 Erwin Park		Amount of Each Disbursement this Period 2600.00
City Montclair	State NJ	
Zip Code 07042-3017	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPWH9
Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Marc M. Mezvinsky		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 225 8th Ave. Apt. 10J		Amount of Each Disbursement this Period 2600.00
City New York	State NY	
Zip Code 10011-1606	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPVP6
Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Dan Neiditch		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 635 W 42nd St		Amount of Each Disbursement this Period 2400.00
City New York	State NY	
Zip Code 10036-1920	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPYX7
Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 44	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Todd J O'Malley		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 201 Franklin Ave Ste 1		Amount of Each Disbursement this Period 1400.00
City Scranton	State PA	
Zip Code 18503-1947	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPSP2
Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Obermayer Rebmann Maxwell & Hippel LLP		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 1617 John F Kennedy Blvd Fl 19		Amount of Each Disbursement this Period 2600.00
City Philadelphia	State PA	
Zip Code 19103-1833	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPV95
Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jonathan Orszag		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 777 S Flagler Dr Suite 1500 West		Amount of Each Disbursement this Period 2600.00
City West Palm Bch	State FL	
Zip Code 33401-6161	Purpose of Disbursement Contribution Refund	Transaction ID : VN7NF9WPX57
Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 44			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Recep Ozkan		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 560 Lexington Ave FI 16		Amount of Each Disbursement this Period 2400.00 Transaction ID : VN7NF9WPTY8
City New York	State NY	
Zip Code 10022-6941	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Gokhan Ozkok		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 140 Mill St Apt 961		Amount of Each Disbursement this Period 2400.00 Transaction ID : VN7NF9WPY68
City East Haven	State CT	
Zip Code 06512-1074	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Brooke Rosenfeld		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 10990 Wilshire Blvd		Amount of Each Disbursement this Period 2400.00 Transaction ID : VN7NF9WPZ92
City Los Angeles	State CA	
Zip Code 90024-3913	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 44			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Robert O. Rubin		Date of Disbursement MM / DD / YYYY 07 / 16 / 2014
Mailing Address 911 Park Ave		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPT92
City New York	State NY	
Zip Code 10075-0337	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Regina Scully		Date of Disbursement MM / DD / YYYY 07 / 16 / 2014
Mailing Address 591 Redwood Hwy Frontage Rd		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPTW2
City Mill Valley	State CA	
Zip Code 94941-6001	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Sandy Sheller		Date of Disbursement MM / DD / YYYY 07 / 16 / 2014
Mailing Address 225 S 18th St Ph 1802		Amount of Each Disbursement this Period 500.00 Transaction ID : VN7NF9WPSZ3
City Philadelphia	State PA	
Zip Code 19103-6162	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 44	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Shirley Shils		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 335 S Woodbine Ave		Amount of Each Disbursement this Period 400.00 Transaction ID : VN7NF9WPSX7
City Penn Valley	State PA	
Zip Code 19072-1525	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Jeffrey Zane Slavin		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 5706 Warwick Pl		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPXP1
City Chevy Chase	State MD	
Zip Code 20815-5502	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Lisa Slowik		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 113 Chinaberry Dr		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPW62
City Lafayette Hill	State PA	
Zip Code 19444-2322	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	5600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 44			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Paul Slowik		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 113 Chinaberry Dr		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPV46
City Lafayette Hill	State PA Zip Code 19444-2322	
Purpose of Disbursement Contribution Refund	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Andrew Smukler		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 110 Brooks Bnd		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPZS9
City Princeton	State NJ Zip Code 08540-7545	
Purpose of Disbursement Contribution Refund	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Constance Smukler		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 210 W Rittenhouse Sq Apt 3005		Amount of Each Disbursement this Period 1000.00 Transaction ID : VN7NF9WPSG5
City Philadelphia	State PA Zip Code 19103-5778	
Purpose of Disbursement Contribution Refund	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 44	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Lisa M. Smukler		Date of Disbursement MM / DD / YYYY 07 / 16 / 2014
Mailing Address 110 Brooks Bnd		Amount of Each Disbursement this Period 2200.00 Transaction ID : VN7NF9WPW54
City Princeton	State NJ	
Zip Code 08540-7545	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Bayard T. Storey Ph.D		Date of Disbursement MM / DD / YYYY 07 / 16 / 2014
Mailing Address 1919 Brandywine St		Amount of Each Disbursement this Period 100.00 Transaction ID : VN7NF9WPZH5
City Philadelphia	State PA	
Zip Code 19130-3202	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Stradley Ronon Stevens & Young, LLP		Date of Disbursement MM / DD / YYYY 07 / 16 / 2014
Mailing Address 2600 One Commerce Sq		Amount of Each Disbursement this Period 2400.00 Transaction ID : VN7NF9WPSW0
City Philadelphia	State PA	
Zip Code 19103-7018	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	4700.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 44			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Marc Topaz		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 280 King Of Prussia Rd		Amount of Each Disbursement this Period 1438.92 Transaction ID : VN7NF9WPVN8
City Radnor State PA Zip Code 19087-5110	Purpose of Disbursement Contribution Refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. Joseph Ujobai		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 237 S 18th St 19A		Amount of Each Disbursement this Period 2400.00 Transaction ID : VN7NF9WPX23
City Philadelphia State PA Zip Code 19103-6117	Purpose of Disbursement Contribution Refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) c. Robyn Walsh		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 67 Goodwin Cir		Amount of Each Disbursement this Period 2400.00 Transaction ID : VN7NF9WPT35
City Hartford State CT Zip Code 06105-5204	Purpose of Disbursement Contribution Refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6238.92
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 44	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. Harriet Weiss		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 1536 Washington Ln		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPY50
City Rydal	State PA	
Zip Code 19046-1230	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Jane G. Weitzman		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 169 Taconic Rd		Amount of Each Disbursement this Period 2500.00 Transaction ID : VN7NF9WPXR7
City Greenwich	State CT	
Zip Code 06831-3113	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Peggy Yorkin		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 1880 Century Park E Ste 950		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7NF9WPV12
City Los Angeles	State CA	
Zip Code 90067-1612	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7700.00
TOTAL This Period (last page this line number only).....	171188.92

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 44	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Marjorie 2014

Full Name (Last, First, Middle Initial) A. AmeriPAC: The Fund for a Greater America		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 700 13th St NW Ste 600		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005-3960	Purpose of Disbursement Contribution Refund	
Candidate Name AmeriPAC: The Fund for a Greater America	Category/ Type 010	Transaction ID : VN7NF9WPZX0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. Marty Meehan for Congress Committee		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 28 Johnson Rd		Amount of Each Disbursement this Period 2000.00
City Andover State MA Zip Code 01810-1712	Purpose of Disbursement Contribution Refund	
Candidate Name Martin Meehan	Category/ Type 010	Transaction ID : VN7NF9WPVH8
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MA District: 05		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	7000.00

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Marjorie 2014

Transaction ID : VN8MQCR5AT1L

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Marjorie Margolies

Primary
 General
 Other (specify) ▼

Mailing Address
3701 Chestnut St
Fl 6

City State ZIP Code
Philadelphia PA 19104-3104

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:
M 05 / D 19 / Y 2014 M 12 / D 31 / Y 2014 none % (apr) Yes 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)..... 120000.00

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 Linda August	Nature of Debt (Purpose): Consultant - Fundraising
Mailing Address 2401 Pennsylvania Ave 6B23	
City State Zip Code Philadelphia PA 19130-3002	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VN5PZ9HA602	
Amount Incurred This Period 28000.00	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 State Zip Code Washington DC 20003-4006	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VN5PZ9HA628	
Amount Incurred This Period 12000.00	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 State Zip Code Conshohocken PA 19428-0444	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VN5PZ9HA635	
Amount Incurred This Period 3000.00	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 State Zip Code Saint Michaels MD 21663-2110	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VN5PZ9HA669	
Amount Incurred This Period 10500.00	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 State Zip Code Willingboro NJ 08046-3835	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VN5PZ9HA610	
Amount Incurred This Period 22500.00	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 State Zip Code Washington DC 20002-4971	

Outstanding Balance Beginning This Period 0.00	Transaction ID : VN5PZ9HA643	
Amount Incurred This Period 22000.00	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

(Use separate schedule(s) for each numbered line)	PAGE 44 OF 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Marjorie 2014

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Next Level Partners, LLC		Nature of Debt (Purpose): Consultant - Compliance
Mailing Address 410 1st St SE Ste 310		
City State	Zip Code	
Washington DC	20003-1819	

Outstanding Balance Beginning This Period	Transaction ID : VN5PZ9HA651	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="5000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="5000.00"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="5000.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="103000.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="120000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="223000.00"/>