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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3	For An Auth	orized Com	mittee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typing, tyer the lines.	ype 12FE4M5	
Marjorie 2014					1
ADDRESS (number and street)	PO Box 444				
Chapte if different					
Check if different than previously reported. (ACC)	Conshohocken			L PA L	19428
2. FEC IDENTIFICATION	NUMBER ▼	CITY 🔺		STATE ▲	ZIP CODE ▲
C C00545301		s. IS THIS REPORT	NEW (N) C	AMENDE (A)	STATE ▼ DISTRICT PA 13
4. TYPE OF REPORT (C	Choose One) (b)	12-Day PRE	-Election Report fo	or the:	
(a) Quarterly Reports:		П	Duine out (10D)	Canaval (16	Duraf (10D)
April 15 Quarterly	Report (Q1)		Primary (12P)	General (12	PG) Runoff (12R)
July 15 Quarterly	Report (O2)	Ш	Convention (12C) Special (12	S)
October 15 Quar		Election on	M M / D	D / Y Y Y Y	in the State of
X January 31 Year-	End Report (YE) (c)	30-Day POS	T-Election Report	for the:	
_	(*)		General (30G)	Runoff (30F	R) Special (30S)
Termination Repo	ort (TER)	Election on	M M / D	" D / Y " Y " Y " Y	in the State of
5. Covering Period	10 / D D / Y	ү ү ү ү 2019	through	M M / D D / 12 31	Y Y Y Y Y 2019
I certify that I have examined Type or Print Name of Treasu	May, Jennifer, , ,	best of my kr	nowledge and belie	ef it is true, correct and	complete.
M Signature of Treasurer	ay, Jennifer, , ,		[Electronically Filed	Date 01	/ D D / Y Y Y Y Y Y 2020
NOTE: Submission of false, erro	neous, or incomplete in	formation may	subject the person	signing this Report to the	penalties of 52 U.S.C. §30109
Office					
Use Only					FEC FORM 3 (Revised 05/2016)

Marjorie 2014

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

2019 10 2019 12 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 0.00 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 0.00 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 361.89 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 251739.50 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

Marjorie 2014

Report Covering the Period: From: 10 01 2019 To: 12 31 2019

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
1. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL of contributions from individuals	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
2. TRANSFERS FROM OTHER	0.00	0.00
AUTHORIZED COMMITTEES	, , , , ,	, , ,
3. LOANS: (a) Made or Guaranteed by the		
Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
4. OFFSETS TO OPERATING		
EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
5. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEMENTS	SURSEMENTS COLUMN A Total This Period				
17.	OPERATING EXPENDITURES	0.00	0.00			
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00			
19	LOAN REPAYMENTS:					
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00			
	(b) Of All Other Loans	0.00	0.00			
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00			
20.	REFUNDS OF CONTRIBUTIONS TO:					
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
	(b) Political Party Committees	0.00	0.00			
	(c) Other Political Committees (such as PACs)	0.00	0.00			
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00			
21.	OTHER DISBURSEMENTS	0.00	0.00			
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	0.00			
	III. CASH SU	JMMARY				
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	361.89			
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00			
25.	SUBTOTAL (add Line 23 and Line 24)		361.89			
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00			
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	361.89			

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 5
FOR LINE NUMBER: (check only one)

13a 13b

9

			Detailed Currinary 1	age	13b			
NAME OF COMMITTEE (In Full)			Trans	action ID : SC/10.4126				
Marjorie 2014								
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		Memo Iter	m Election: 2014				
Margolies, Marjorie, , ,				Primary				
				General				
Mailing Address 3701 Chestnut St				Other (specify) ▼				
FI 6								
City	State	ZIP Code)					
Philadelphia	PA	19104		X Personal Funds of the	Candidate			
·	O lati Da				Tele Desired			
Original Amount of Loan	Cumulative Page	lyment to D	rate Ba	alance Outstanding at Close of T	nis Period			
120000.00			0.00	120000	0.00			
, , , ,	7	,	*	<u> </u>				
TERMS Date Incurred	C	Date Due	Interest Ra (If none, en		i:			
^M 05 ^M / ^D 19 ^D / Y Ž014 Y	M M / D D	/ Y12/3	§1/2014 ^Y	0.00 x Voc				
				% (apr)	No			
List All Endorsers or Guarantors (if any) t	o Loan Source							
1. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address		(Occupation					
			A					
011	710.0		Amount Guaranteed					
City	ZIP Code		Outstanding:	y y x				
2. Full Name (Last, First, Middle Initial)		1	Name of Employer					
Mailing Address		(Occupation					
			Amount					
Ot-t-	710.0-1-		Guaranteed		7			
City	ZIP Code		Outstanding:	9 9	_			
3. Full Name (Last, First, Middle Initial)		1	Name of Employer					
Mailing Address			Occupation					
	T		Amount Guaranteed					
City	ZIP Code		Outstanding:	7 7 7				
4. Full Name (Last, First, Middle Initial)			Name of Employer					
in tail Name (Last, First, Wildale Initial)			rtainio or Employer					
Mailing Address		(Occupation					
			Amount		_			
City	ZIP Code		Guaranteed Outstanding:					
			outstanding.	· · · · · · · · · · · · · · · · · · ·				
SUBTOTALS This Period This Page (optional)				120000	0.00			
				.25000	لبنت			
TOTALS This Period (last page in this line only	/)		······•					
				7				
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry fo	orward to appropriate line of Su	ummary.			

SCHEDULE C (FEC Form 3) **LOANS**

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

PAGE OF FOR LINE NUMBER: **X** 13a (check only one)

9

13b Transaction ID: SC/10.4144 NAME OF COMMITTEE (In Full) Marjorie 2014 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Margolies, Marjorie, , , General Mailing Address 3701 Chestnut St Other (specify) \blacktriangledown FI6 City State ZIP Code X Personal Funds of the Candidate PΑ 19104 Philadelphia Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 23750.00 0.00 23750.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D30 D M 06M Ž015 Y12/31/2016 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 23750.00 TOTALS This Period (last page in this line only)..... 143750.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full) Marjorie 2014

/Llos concreto		PAGE	7	OF	9
(Use separate schedule(s) for each	FOR LINE NUMBER: (check only one)				9
numbered line)				×	10

Marjorie 2014					
A. Full Name (Last, First, Middle Initial) of D August, Linda, , ,	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor August, Linda, , ,				
Mailing Address 2401 Pennsylvania Ave 6B23					
City	State	Zip Code			
Philadelphia	PA	19130	Transaction ID OD40 4440		
Outstanding Balance Beginning This Period	1		Transaction ID : SD10.4118		
28000.00			Outstanding Balance at Close of This Period		
	Amount Incurred This Period Payment This Period				
0.00		0.00	28000.00		
B. Full Name (Last, First, Middle Initial) of De	btor or Cred	ditor	Nature of Debt (Purpose):		
Erickson & Company, Inc.			Consultant - Fundraising		
Mailing Address 38 lvy St, SE					
City Washington	State DC	Zip Code 20003			
Outstanding Balance Beginning This Period 12000.00	ł		Transaction ID : SD10.4119		
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
0.00		0.00	12000.00		
C. Full Name (Last, First, Middle Initial) of D Front Stoop Strategies, LLC	ebtor or Cre	editor	Nature of Debt (Purpose): Consultant - Strategy		
Mailing Address PO Box 444					
City Conshohocken	State	Zip Code 19428			
Outstanding Balance Beginning This Period	 j	10,750	Transaction ID : SD10.4120		
3000.00					
Amount Incurred This Period	l	Payment This Period	Outstanding Balance at Close of This Period		
0.00		0.00	3000.00		
7		9	yy		
SUBTOTALS This Period This Page (optional	ıl)		43000.00		
2) TOTALS This Period (last page this line num	ıber only) ····				
3) TOTAL OUTSTANDING LOANS from Sched	ule C (last p	page only)			
ADD 2) and 3) and carry forward to approp	riate line of	Summary Page (last page only)			

Image# 202001209167275731 PAGE OF 9 SCHEDULE D (FEC Form 3) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **x** 10 **Excluding Loans** NAME OF COMMITTEE (In Full) Mariorie 2014 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Consultant - Website Joe Trippi & Associates, Inc. Mailing Address 606A N Talbot St Ste 303 City State Zip Code Saint Michaels MD 21663 Transaction ID: SD10.4121 Outstanding Balance Beginning This Period 10500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 10500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Jones & Associates Voter Contact Mailing Address 30 Twig Ln State Zip Code Wilingboro 08046 NJ Outstanding Balance Beginning This Period Transaction ID: SD10.4122 22500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 22500.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Katz Watson Group, Inc. Consultant - Fundraising

	0.00	L	_	7	_	_	,	2	2000	0.00	
1)	SUBTOTALS This Period This Page (optional)			-,	Ξ	Ξ	,	5	500	0.00	
2)	TOTALS This Period (last page this line number only)			-,	Ξ		,			_	
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)			7	Ι	Ι	,	Ξ			
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			,	Ξ	Ξ	7			_	

Zip Code

20002

Payment This Period

Mailing Address

Washinton

City

236 Massachusetts Ave, NE

22000.00

State

DC

Ste 602

Outstanding Balance Beginning This Period

Amount Incurred This Period

Transaction ID: SD10.4123

Outstanding Balance at Close of This Period

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

Excluding Loans

B 4			00	
Ma	rio	rie	201	14

xcluding Loans			numbered line)	x 10
NAME OF COMMITTEE (In Full)			•	
Marjorie 2014				
A. Full Name (Last, First, Middle Initial) of De	ebtor or Cred	itor	Nature of Debt (Purp	ose):
Perkins Coie			Legal Fees	
Mailing Address 700 13th St, NW Ste 600				
City	State	Zip Code		
Washington	DC	20005		
Outstanding Balance Beginning This Period			Transaction ID : SI	010.4125
9989.50				
Amount Incurred This Period		Payment This Period	Outstanding Baland	ce at Close of This Period
0.00		0.00		9989.50
B. Full Name (Last, First, Middle Initial) of Del	otor or Credi	tor	Nature of Debt (Purp	ose):
				,
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period				
Amount Incurred This Period		Payment This Period	Outstanding Baland	ce at Close of This Period
, , , , , , , , , , , , , , , , , , ,		7		, , , , ,
C. Full Name (Last, First, Middle Initial) of De	ebtor or Cred	itor	Nature of Debt (Purp	ose):
				,
Mailing Address				
Walling Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period				
7 7 7 7				
Amount Incurred This Period		Payment This Period	Outstanding Baland	ce at Close of This Period
, , ,		, , , , , , , , , , , , , , , , , , , ,	,	,
) SUBTOTALS This Period This Page (optional)			9989.50
TOTAL C. This Desired (last space this line space)				
TOTALS This Period (last page this line num	ber only) ·····			107989.50
TOTAL OUTSTANDING LOANS from Schedu				107989.50

PAGE

FOR LINE NUMBER:

(check only one)

(Use separate schedule(s)

for each

numbered line)

OF