

**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.

1 2 F E 4 M 5

Marjorie 2014

ADDRESS (number and street)

PO Box 444

Check if different
than previously
reported. (ACC)

Conshohocken

PA

19428

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00545301

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

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
01 / 01 / 2020

through

M M / D D / Y Y Y Y
03 / 31 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

May, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer

May, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 01 / 2020

NOTE: Submission of false, erroneous, or incomplete information 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)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name
Marjorie 2014

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 / 01 / 2020

To:

M M / D D / Y Y Y Y
03 / 31 / 2020

	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))	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	361.89	361.89
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	361.89	361.89
8. Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
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)	251739.50	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Marjorie 2014

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	0

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).....

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

15. OTHER RECEIPTS (Dividends, Interest, etc.)

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

DETAILED SUMMARY PAGE of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	361.89	361.89
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) ►	361.89	361.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING 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 (from Line 22).....	361.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 5 OF 9

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marjorie 2014

Transaction ID : SC/10.4126

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Margolies, Marjorie, , ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
3701 Chestnut St
Fl 6

City

Philadelphia

State

PA

ZIP Code

19104

☒ Personal Funds of the Candidate

Original Amount of Loan

120000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

120000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05^MD 19^D

Y 2014 Y

M M

D D

Y 12/31/2014 Y

0.00

% (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).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 6 OF 9

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Marjorie 2014

Transaction ID : SC/10.4144

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Margolies, Marjorie, , ,

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
3701 Chestnut St
Fl 6

City

Philadelphia

State

PA

ZIP Code

19104

☒ Personal Funds of the Candidate

Original Amount of Loan

23750.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

23750.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M /

D 30 D /

Y 2015 Y

M M /

D D /

Y 12/31/2016 Y

0.00

% (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).....▶

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

PAGE 7 OF 9

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Marjorie 2014

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

August, Linda, , ,

Nature of Debt (Purpose):

Consultant - Fundraising

Mailing Address 2401 Pennsylvania Ave
6B23City
PhiladelphiaState
PAZip Code
19130

Outstanding Balance Beginning This Period

28000.00

Transaction ID : SD10.4118

Amount Incurred This Period

0.00

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
WashingtonState
DCZip Code
20003

Outstanding Balance Beginning This Period

12000.00

Transaction ID : SD10.4119

Amount Incurred This Period

0.00

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
ConshohockenState
PAZip Code
19428

Outstanding Balance Beginning This Period

3000.00

Transaction ID : SD10.4120

Amount Incurred This Period

0.00

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

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

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

Saint Michaels

State

MD

Zip Code

21663

Outstanding Balance Beginning This Period

10500.00

Transaction ID : SD10.4121

Amount Incurred This Period

0.00

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

Willingboro

State

NJ

Zip Code

08046

Outstanding Balance Beginning This Period

22500.00

Transaction ID : SD10.4122

Amount Incurred This Period

0.00

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

Washinton

State

DC

Zip Code

20002

Outstanding Balance Beginning This Period

22000.00

Transaction ID : SD10.4123

Amount Incurred This Period

0.00

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 9 OF 9

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Marjorie 2014

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Perkins Coie

Nature of Debt (Purpose):

Legal Fees

Mailing Address 700 13th St, NW
Ste 600City
WashingtonState
DCZip Code
20005

Outstanding Balance Beginning This Period

9989.50

Transaction ID : SD10.4125

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9989.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

9989.50

2) **TOTALS** This Period (last page this line number only)

107989.50

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

143750.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

251739.50