FEC FORM 2 STATEMENT OF CANDIDACY.

MECENED

(a) Name of Candidate (in full)		海河 MAY 3U P	AIT O' Je
Marjorie Margolies			9.1" 1.1 17 F" 48
(b) Address (number and street) PO Box 444	Check if add	ress changed 1994 12 C	22 Identification Number
(c) City, State, and ZIP Code			3. Is This New Amended
Conshohocken, PA 194	28		Statement (N) OR (A)
4. Party Affiliation	5. Office Sought		& District of Candidate
DEM	House	PA ·	13
7. I hereby designate the following na	med political committee as	my Principal Campaign	(year of election)
NOTE: This designation should be	med with the appropriate of		nors.
(a) Name of Committee (in full)			
Marjorie 2014			
(b) Address (number and street)			
PO Box 444			
(c) City, State, and ZIP Code			
Conshohocken, P	A 19428		
	(Including J	oint Fundraising Represe	ZED COMMITTEES entatives) gn committee, to receive and expend funds on behalf of my
NOTE: This designation should be	filed with the principal cam	paign committee.	
(a) Name of Committee (in full)			
(b) Address (number and street)			
(c) City, State, and ZIP Code			
I certify that I have ex-	amined this Statement and	to the best of my knowle	ledge and belief it is true, correct and complete.
Signature of Candidate		Joseph St. High Million R	Date
Major Magoli			5/30/2013
NOTE: Submission of false, erroneous	s, or incomplete information	n may subject the person	n signing this Statement to penalties of 2 U.S.C. §437g.
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FEC FORM 2 (REV. 12/2008)

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED