

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

Morel For Congress

ADDRESS (number and street)

8123 Woodslanding Trail

Check if different than previously reported. (ACC)

West Palm Beach

FL

33413

2. FEC IDENTIFICATION NUMBER ▼

C C00539973

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

21

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 2013

through

M M /

D D /

Y Y Y Y 2013

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 Charon J Williams

Signature of Treasurer Charon J Williams

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 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
Morel For Congress

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))....	510.00	3321.00
(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)).....	510.00	3321.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5064.02	25637.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	200.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5064.02	25437.54
8. Cash on Hand at Close of Reporting Period (from Line 27).....	436.90	
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).....	15048.55	

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

Morel For Congress

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).....	260.00	1320.00
(ii) Unitemized.....	250.00	2001.00
(iii) TOTAL of contributions from individuals ▶	510.00	3321.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	510.00	3321.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	14101.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	14101.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	200.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	2965.00	9377.44
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3475.00	26999.44

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5064.02	25637.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	650.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	650.00
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	275.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	5064.02	26562.54

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2025.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3475.00
25. SUBTOTAL (add Line 23 and Line 24).....	5500.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5064.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	436.90

**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 32
	<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	

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NAME OF COMMITTEE (In Full)
Morel For Congress

A. Full Name (Last, First, Middle Initial)
Marie Morel

Mailing Address 1131 San Michele Way

City Palm Beach Gardens	State FL	Zip Code 33428
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FEC ID number of contributing federal political committee. **C**

Name of Employer OBGYN Specialists of Palm Beac	Occupation Physician
--	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
480.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 03 / 2013

Transaction ID : SA11AI.4562

Amount of Each Receipt this Period
80.00

Donation

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

Mailing Address 1131 San Michele Way

City Palm Beach Gardens	State FL	Zip Code 33428
----------------------------	-------------	-------------------

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

Name of Employer OBGYN Specialists of Palm Beac	Occupation Physician
--	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
560.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2013

Transaction ID : SA11AI.4568

Amount of Each Receipt this Period
80.00

Donation

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

Mailing Address 1131 San Michele Way

City Palm Beach Gardens	State FL	Zip Code 33428
----------------------------	-------------	-------------------

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

Name of Employer OBGYN Specialists of Palm Beac	Occupation Physician
--	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
640.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 03 / 2013

Transaction ID : SA11AI.4578

Amount of Each Receipt this Period
80.00

Donation

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

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

240.00

**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 32
	<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	

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NAME OF COMMITTEE (In Full)
Morel For Congress

A. Full Name (Last, First, Middle Initial)
Alex Toussaint

Mailing Address 245 Lenox Road, Apt 5B

City State Zip Code
Brooklyn NY 11226

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

Name of Employer Occupation
Self-Employed Pastor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
355.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 27 / 2013

Transaction ID : SA11Al.4579

Amount of Each Receipt this Period
20.00

Donation

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).....

20.00

260.00

**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 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Morel For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Emmanuel G Morel

Mailing Address 8123 Woodslanding Trail

City State Zip Code
West Palm Beach FL 33413

FEC ID number of contributing federal political committee. **C H4FL21054**

Name of Employer Occupation
Retired Fed Investigator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
14411.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 2013

Transaction ID : SA15.4552

Amount of Each Receipt this Period
310.00

Cellphone Bill Rmbrsmnt

B. Full Name (Last, First, Middle Initial)
Morel For Congress

Mailing Address 8123 Woodslanding Trail

City State Zip Code
West Palm Beach FL 33413

FEC ID number of contributing federal political committee. **C C00539973**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6412.15

Date of Receipt
M M / D D / Y Y Y Y
10 / 04 / 2013

Transaction ID : SA15.4543

Amount of Each Receipt this Period
100.00

Ticket Sales 1/18/14 Fundraiser

C. Full Name (Last, First, Middle Initial)
Morel For Congress

Mailing Address 8123 Woodslanding Trail

City State Zip Code
West Palm Beach FL 33413

FEC ID number of contributing federal political committee. **C C00539973**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6922.15

Date of Receipt
M M / D D / Y Y Y Y
10 / 10 / 2013

Transaction ID : SA15.4544

Amount of Each Receipt this Period
510.00

Ticket Sales 1/18/14 Fundraiser

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

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

920.00

**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 8 OF 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Morel For Congress

A. Full Name (Last, First, Middle Initial)
Morel For Congress

Mailing Address 8123 Woodslanding Trail

City State Zip Code
West Palm Beach FL 33413

FEC ID number of contributing federal political committee. **C** C00539973

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7632.15

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 12 / 2013

Transaction ID : SA15.4547

Amount of Each Receipt this Period
710.00

Ticket Sales 1/18/14 Fundraiser

B. Full Name (Last, First, Middle Initial)
Morel For Congress

Mailing Address 8123 Woodslanding Trail

City State Zip Code
West Palm Beach FL 33413

FEC ID number of contributing federal political committee. **C** C00539973

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7842.15

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : SA15.4551

Amount of Each Receipt this Period
210.00

Ticket Sales 1/18/14 Fundraiser

C. Full Name (Last, First, Middle Initial)
Morel For Congress

Mailing Address 8123 Woodslanding Trail

City State Zip Code
West Palm Beach FL 33413

FEC ID number of contributing federal political committee. **C** C00539973

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8537.15

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 26 / 2013

Transaction ID : SA15.4553

Amount of Each Receipt this Period
695.00

Ticket Sales 1/8/14 Fundraiser

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

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

1615.00

**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 9 OF 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Morel For Congress

A. Full Name (Last, First, Middle Initial)
Morel For Congress

Mailing Address 8123 Woodslanding Trail

City State Zip Code
West Palm Beach FL 33413

FEC ID number of contributing federal political committee. **C** C00539973

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8607.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 27 / 2013

Transaction ID : SA15.4554

Amount of Each Receipt this Period
70.00

Ticket Sales 1/18/14 Fundraiser

B. Full Name (Last, First, Middle Initial)
Morel For Congress

Mailing Address 8123 Woodslanding Trail

City State Zip Code
West Palm Beach FL 33413

FEC ID number of contributing federal political committee. **C** C00539973

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8747.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2013

Transaction ID : SA15.4586

Amount of Each Receipt this Period
140.00

Ticket Sales 1/18/14 Fundraiser

C. Full Name (Last, First, Middle Initial)
Morel For Congress

Mailing Address 8123 Woodslanding Trail

City State Zip Code
West Palm Beach FL 33413

FEC ID number of contributing federal political committee. **C** C00539973

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8782.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2013

Transaction ID : SA15.4588

Amount of Each Receipt this Period
35.00

Ticket Sales 1/18/14 Fundraiser

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

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

245.00

**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 10 OF 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Morel For Congress

A. Full Name (Last, First, Middle Initial)
Morel For Congress

Mailing Address 8123 Woodslanding Trail

City State Zip Code
West Palm Beach FL 33413

FEC ID number of contributing federal political committee. **C** C00539973

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8847.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2013

Transaction ID : SA15.4589

Amount of Each Receipt this Period
65.00

Ticket Sales 1/18/14 Fundraiser

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

Mailing Address 245 Lenox Road, Apt 5B

City State Zip Code
Brooklyn NY 11226

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

Name of Employer Occupation
Self-Employed Pastor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2013

Transaction ID : SA15.4542

Amount of Each Receipt this Period
20.00

Donation

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

Mailing Address 245 Lenox Road, Apt 5B

City State Zip Code
Brooklyn NY 11226

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

Name of Employer Occupation
Self-Employed Pastor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA15.4545

Amount of Each Receipt this Period
20.00

Donation

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

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

105.00

**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 11 OF 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Morel For Congress

Full Name (Last, First, Middle Initial) Alex Toussaint		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 18 / 2013
Mailing Address 245 Lenox Road, Apt 5B		Transaction ID : SA15.4546
City Brooklyn	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Self-Employed	Occupation Pastor	Donation
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00	

Full Name (Last, First, Middle Initial) Alex Toussaint		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2013
Mailing Address 245 Lenox Road, Apt 5B		Transaction ID : SA15.4548
City Brooklyn	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Self-Employed	Occupation Pastor	Donation
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 295.00	

Full Name (Last, First, Middle Initial) Alex Toussaint		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 12 / 2013
Mailing Address 245 Lenox Road, Apt 5B		Transaction ID : SA15.4549
City Brooklyn	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Self-Employed	Occupation Pastor	Donation
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 315.00	

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**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 12 OF 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Morel For Congress

A. Full Name (Last, First, Middle Initial)
Alex Toussaint

Mailing Address 245 Lenox Road, Apt 5B

City State Zip Code
Brooklyn NY 11226

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

Name of Employer Occupation
Self-Employed Pastor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
335.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2013

Transaction ID : SA15.4550

Amount of Each Receipt this Period
 20.00

Donation

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).....

20.00

2965.00

**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 13 OF 32	
	<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)
Morel For Congress

Full Name (Last, First, Middle Initial) A. Argentina Arts organization		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 3119 Forest Hills Blvd		Amount of Each Disbursement this Period 86.00 Transaction ID : SB17.4519
City Greenacres State FL Zip Code 33406	Purpose of Disbursement Facility - Meeting 001 Category/Type	
Candidate Name Morel For Congress	Office Sought: <input checked="" 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: FL District: 21		

Full Name (Last, First, Middle Initial) B. Buca De Beppo		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 2025 Wellington Green Dr		Amount of Each Disbursement this Period 70.24 Transaction ID : SB17.4556
City Wellington State FL Zip Code 33414	Purpose of Disbursement Catering - Team Meeting	
Candidate Name Morel For Congress	Office Sought: <input checked="" 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: FL District: 21		

Full Name (Last, First, Middle Initial) c. Buca De Beppo		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 2025 Wellington Green Dr		Amount of Each Disbursement this Period 239.98 Transaction ID : SB17.4555
City Wellington State FL Zip Code 33414	Purpose of Disbursement Catering - Team Meeting	
Candidate Name Morel For Congress	Office Sought: <input checked="" 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: FL District: 21		

SUBTOTAL of Disbursements This Page (optional).....	396.22
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 14 OF 32			
	<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)
Morel For Congress

Full Name (Last, First, Middle Initial) A. Facebook		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 1604 S. California Ave		Amount of Each Disbursement this Period 252.13 Transaction ID : SB17.4508
City Palo Alto State CA Zip Code 94304	Purpose of Disbursement Social Media Fees 004 Category/Type	
Candidate Name Morel For Congress	Office Sought: <input checked="" 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: FL District: 21		

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 1604 S. California Ave		Amount of Each Disbursement this Period 501.91 Transaction ID : SB17.4507
City Palo Alto State CA Zip Code 94304	Purpose of Disbursement Social Media Fees 004 Category/Type	
Candidate Name Morel For Congress	Office Sought: <input checked="" 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: FL District: 21		

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 1604 S. California Ave		Amount of Each Disbursement this Period 112.24 Transaction ID : SB17.4501
City Palo Alto State CA Zip Code 94304	Purpose of Disbursement Social Media Fees 004 Category/Type	
Candidate Name Morel For Congress	Office Sought: <input checked="" 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: FL District: 21		

SUBTOTAL of Disbursements This Page (optional).....	866.24
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 32	
	<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)
Morel For Congress

Full Name (Last, First, Middle Initial) A. German American Club		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 5111 Lantana Rd		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4583
City Greenacres	State FL	
Purpose of Disbursement Facility Room Rental		Category/ Type
Candidate Name Morel For Congress		
Office Sought: <input checked="" 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: FL	District: 21	

Full Name (Last, First, Middle Initial) B. German American Club		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 5111 Lantana Rd		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4581
City Greenacres	State FL	
Purpose of Disbursement Facility Room Rental		Category/ Type
Candidate Name Morel For Congress		
Office Sought: <input checked="" 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: FL	District: 21	

Full Name (Last, First, Middle Initial) c. Karamba Printing		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 2650 South Military Trl		Amount of Each Disbursement this Period 100.70 Transaction ID : SB17.4525
City West Palm Beach	State FL	
Purpose of Disbursement Fundraiser - Ticket Printing		Category/ Type
Candidate Name Morel For Congress		
Office Sought: <input checked="" 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: FL	District: 21	

SUBTOTAL of Disbursements This Page (optional).....	900.70
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 32	
	<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)
Morel For Congress

Full Name (Last, First, Middle Initial) A. Murphy's at Walmart		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 9950 Belvedere Rd		Amount of Each Disbursement this Period 62.28 Transaction ID : SB17.4498
City Royal Palm Beach	State FL	
Zip Code 33411	Purpose of Disbursement Gasoline	Category/ Type 002
Candidate Name Morel For Congress	Office Sought: <input checked="" 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: FL District: 21	

Full Name (Last, First, Middle Initial) B. Murphy's at Walmart		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 9950 Belvedere Rd		Amount of Each Disbursement this Period 52.69 Transaction ID : SB17.4497
City Royal Palm Beach	State FL	
Zip Code 33411	Purpose of Disbursement Gasoline	Category/ Type 002
Candidate Name Morel For Congress	Office Sought: <input checked="" 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: FL District: 21	

Full Name (Last, First, Middle Initial) c. Murphy's at Walmart		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2013
Mailing Address 9950 Belvedere Rd		Amount of Each Disbursement this Period 50.89 Transaction ID : SB17.4506
City Royal Palm Beach	State FL	
Zip Code 33411	Purpose of Disbursement Gasoline	Category/ Type 002
Candidate Name Morel For Congress	Office Sought: <input checked="" 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: FL District: 21	

SUBTOTAL of Disbursements This Page (optional)	165.86
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 32	
	<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)
Morel For Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 101A S.. State Rd 7		Amount of Each Disbursement this Period 107.32 Transaction ID : SB17.4531
City West Palm Beach	State FL	
Zip Code 33414	Purpose of Disbursement Printing -Flyers	Category/ Type 006
Candidate Name Morel For Congress	Office Sought: <input checked="" 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: FL District: 21	

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 101A S.. State Rd 7		Amount of Each Disbursement this Period 16.40 Transaction ID : SB17.4500
City West Palm Beach	State FL	
Zip Code 33414	Purpose of Disbursement office Supplies	Category/ Type 001
Candidate Name Morel For Congress	Office Sought: <input checked="" 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: FL District: 21	

Full Name (Last, First, Middle Initial) c. Pollo Tropical		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address 6704 Forest Hills Blvd		Amount of Each Disbursement this Period 87.66 Transaction ID : SB17.4534
City Greenacres	State FL	
Zip Code 33413	Purpose of Disbursement Meals	Category/ Type 001
Candidate Name Morel For Congress	Office Sought: <input checked="" 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: FL District: 21	

SUBTOTAL of Disbursements This Page (optional).....	211.38
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 32			
	<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)
Morel For Congress

Full Name (Last, First, Middle Initial) A. Studio Photo		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2013
Mailing Address 2758 Oakland Park Blvd Suite 301		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4565
City Ft Lauderdale	State FL Zip Code 33311	
Purpose of Disbursement Photography Services - Candidate Photo Shoot		Category/ Type 004
Candidate Name Morel For Congress		
Office Sought: <input checked="" 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: FL District: 21		

Full Name (Last, First, Middle Initial) B. Verizon		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 546.64 Transaction ID : SB17.4567
City Lehigh Valley	State PA Zip Code 18002-5505	
Purpose of Disbursement Cellphone Svce		Category/ Type 001
Candidate Name Morel For Congress		
Office Sought: <input checked="" 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: FL District: 21		

Full Name (Last, First, Middle Initial) c. Vision Print		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 404 Winter Lane		Amount of Each Disbursement this Period 450.50 Transaction ID : SB17.4537
City West Palm Beach	State FL Zip Code 33410	
Purpose of Disbursement T Shirts		Category/ Type 006
Candidate Name Morel For Congress		
Office Sought: <input checked="" 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: FL District: 21		

SUBTOTAL of Disbursements This Page (optional).....	1597.14
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 32		
	<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)
Morel For Congress

Full Name (Last, First, Middle Initial) A. Walmart		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 9990 Belvedere Rd		Amount of Each Disbursement this Period 37.54
City Royal Palm Beach	State FL	
Zip Code 33411	Purpose of Disbursement Printer Ink	Transaction ID : SB17.4513
Candidate Name Morel For Congress	Category/ Type 001	
Office Sought: <input checked="" 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: FL	District: 21	

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).....	37.54
TOTAL This Period (last page this line number only).....	4175.12

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)
Morel For Congress

Transaction ID : **SC/10.4102**

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

Mr. Emmanuel G Morel

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
8123 Woodslanding Trail

City State ZIP Code
West Palm Beach FL 33413

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
2000.00 450.00 1550.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 31 / Y 2012 M M / D D / Y None 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)..... ▶ 1550.00

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) LOANS

NAME OF COMMITTEE (In Full) **Morel For Congress** Transaction ID : **SC/10.4208**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. Emmanuel G Morel** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
8123 Woodslanding Trail

City State ZIP Code
West Palm Beach FL 33413

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
-----------------------------------	------------------------------------	---

TERMS

Date Incurred M 02 / D 25 / Y 2013	Date Due M / D / Y None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	500.00
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) 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)
Morel For Congress

Transaction ID : **SC/10.4118**

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

Mr. Emmanuel G Morel

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
8123 Woodslanding Trail

City State ZIP Code
West Palm Beach FL 33413

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1500.00 0.00 1500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y 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)..... ▶ 1500.00

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)
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)
Morel For Congress

Transaction ID : **SC/10.4119**

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

Mr. Emmanuel G Morel

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
8123 Woodslanding Trail

City State ZIP Code
West Palm Beach FL 33413

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
3500.00 0.00 3500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y 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)..... ▶ 3500.00

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)
LOANS

NAME OF COMMITTEE (In Full) **Morel For Congress** Transaction ID : **SC/10.4399**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Emmanuel G Morel	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8123 Woodslanding Trail	

City	State	ZIP Code
West Palm Beach	FL	33413

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2125.00	0.00	2125.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 / 20 / 2013	00/00/0000	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	2125.00
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)
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)
Morel For Congress

Transaction ID : **SC/10.4412**

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

Mr. Emmanuel G Morel

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
8123 Woodslanding Trail

City State ZIP Code
West Palm Beach FL 33413

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
800.00 0.00 800.00

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 17 / 2013 / 00/00/0000 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)..... 800.00

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) 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)
Morel For Congress

Transaction ID : **SC/10.4487**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Emmanuel G Morel

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
8123 Woodslanding Trail

City State ZIP Code
West Palm Beach FL 33413

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1000.00 0.00 1000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 07 / D 02 / Y 2013 M M / D D / Y 00/00/0000 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)..... ▶ 1000.00

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)
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)
Morel For Congress

Transaction ID : **SC/10.4488**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Emmanuel G Morel

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
8123 Woodslanding Trail

City State ZIP Code
West Palm Beach FL 33413

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
500.00 0.00 500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 07 / D 09 / Y 2013 M M / D D / Y 00/00/0000 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)..... ▶ 500.00

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) 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)
Morel For Congress

Transaction ID : **SC/10.4489**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Emmanuel G Morel

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
8123 Woodslanding Trail

City State ZIP Code
West Palm Beach FL 33413

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1120.00 0.00 1120.00

TERMS

Date Incurred Date Due Interest Rate Secured:
07 / 29 / 2013 / 00/00/0000 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)..... ▶ 1120.00

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)
LOANS

NAME OF COMMITTEE (In Full) **Morel For Congress** Transaction ID : **SC/10.4490**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Emmanuel G Morel	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8123 Woodslanding Trail	

City	State	ZIP Code
West Palm Beach	FL	33413

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
556.00	0.00	556.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 27 / 2013	00/00/0000	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	556.00
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)
LOANS

NAME OF COMMITTEE (In Full) **Morel For Congress** Transaction ID : **SC/10.4491**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Emmanuel G Morel	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8123 Woodslanding Trail	

City	State	ZIP Code
West Palm Beach	FL	33413

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 30 / 2013	00/00/0000	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	300.00
TOTALS This Period (last page in this line only).....	▶	13451.00

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)
Morel For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Emmanuel G Morel	Nature of Debt (Purpose): Office Depot Printing Services
Mailing Address 8123 Woodslanding Trail	
City State Zip Code West Palm Beach FL 33413	

Outstanding Balance Beginning This Period 178.89	Transaction ID : SD10.4267	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 178.89

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Emmanuel G Morel	Nature of Debt (Purpose): Letterheads & Envelopes Printing
Mailing Address 8123 Woodslanding Trail	
City State Zip Code West Palm Beach FL 33413	

Outstanding Balance Beginning This Period 147.87	Transaction ID : SD10.4269	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 147.87

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Emmanuel G Morel	Nature of Debt (Purpose): 4/7/13 Fundraiser Flyers & T Shirts
Mailing Address 8123 Woodslanding Trail	
City State Zip Code West Palm Beach FL 33413	

Outstanding Balance Beginning This Period 849.82	Transaction ID : SD10.4270	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 849.82

1) SUBTOTALS This Period This Page (optional)	1176.58
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)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Morel For Congress

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

Mailing Address 1365 Enterprise Drive

City State Zip Code
Westchester PA 19380

Nature of Debt (Purpose):
Computer Purchase

Outstanding Balance Beginning This Period **Transaction ID : SD10.4217**
420.97

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 420.97

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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)	420.97
2) TOTALS This Period (last page this line number only)	1597.55
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	13451.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	15048.55