

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** ▼ C00539973

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

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 through M M / D D / Y Y Y Y

01 / 01 / 2014 through 03 / 31 / 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 Charon J Williams

Signature of Treasurer Charon J Williams *[Electronically Filed]* Date M M / D D / Y Y Y Y

04 / 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.

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))....	1905.00	5226.00
(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)).....	1905.00	5226.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8727.05	34364.59
(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)).....	8727.05	34164.59
8. Cash on Hand at Close of Reporting Period (from Line 27).....	224.85	
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).....	19298.55	

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).....	1360.00	2680.00
(ii) Unitemized.....	545.00	2546.00
(iii) TOTAL of contributions from individuals ▶	1905.00	5226.00
(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))..	1905.00	5226.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	4250.00	18351.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	4250.00	18351.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	200.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	2360.00	11737.44
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	8515.00	35514.44

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8727.05	34364.59
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) ▶	8727.05	35289.59

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	436.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8515.00
25. SUBTOTAL (add Line 23 and Line 24).....	8951.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8727.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	224.85

**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 43
	<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)
Morel For Congress

A. Full Name (Last, First, Middle Initial)
Michael Bayer

Mailing Address 2298 Edgewater Dr.

City State Zip Code
West Palm Beach FL 33406

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

Name of Employer Occupation
Curran, Bayer & Associates Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.4701

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Jean Monice, MD., PA

Mailing Address 1825 Forest Hill Blvd
Suite 101

City State Zip Code
West Palm Beach FL 33406

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4682

Amount of Each Receipt this Period
250.00

Contribution

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

Mailing Address 1131 San Michele Way

City State Zip Code
Palm Beach Gardens FL 33428

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

Name of Employer Occupation
OBGYN Specialists of Palm Beac Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
720.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 09 / 2014

Transaction ID : SA11AI.4613

Amount of Each Receipt this Period
80.00

Contribution

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

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

430.00

**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 43
	<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 State Zip Code
Palm Beach Gardens FL 33428

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

Name of Employer Occupation
OBGYN Specialists of Palm Beac Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
880.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : SA11AI.4700

Amount of Each Receipt this Period
80.00

Contribution

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

Mailing Address 4180 130th Ave N

City State Zip Code
Royal Palm Beach FL 33411

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4680

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Shavitz Law Group

Mailing Address 1515 S.Federal Highway
Suite 404

City State Zip Code
boca Raton FL 33432

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 2014

Transaction ID : SA11AI.4597

Amount of Each Receipt this Period
300.00

Contribution

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

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

630.00

**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 43
	<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)
Roger Toussaint

Mailing Address 120 Heatherwood Drive

City State Zip Code
Royal Palm Beach FL 33411

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

Name of Employer Occupation
Self Employed Computer Technician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
905.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.4679

Amount of Each Receipt this Period
 Contribution 300.00

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 M / D 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 M / D 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).....

300.00

1360.00

**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 43
	<input type="checkbox"/> 11a 12 <input checked="" 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)
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
15111.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA13A.4646

Amount of Each Receipt this Period
700.00

Personal Loan to Campaign

B. 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
15611.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA13A.4647

Amount of Each Receipt this Period
500.00

Personal Loan to Campaign

C. 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
17111.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA13A.4687

Amount of Each Receipt this Period
1500.00

Personal Loan to Campaign

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

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

2700.00

**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 43
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Mr. Emmanuel G Morel

Mailing Address 8123 Woodslanding Trail

City West Palm Beach State FL Zip Code 33413

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

Name of Employer Retired Occupation Fed Investigator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
17261.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA13A.4706

Amount of Each Receipt this Period
150.00

Personal Loan To Campaign

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

Mailing Address 8123 Woodslanding Trail

City West Palm Beach State FL Zip Code 33413

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

Name of Employer Retired Occupation Fed Investigator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
17861.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : SA13A.4686

Amount of Each Receipt this Period
600.00

Personal Loan to Campaign

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

Mailing Address 8123 Woodslanding Trail

City West Palm Beach State FL Zip Code 33413

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

Name of Employer Retired Occupation Fed Investigator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
18161.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA13A.4684

Amount of Each Receipt this Period
300.00

Personal Loan to Campaign

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

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

1050.00

**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 43
	<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) Marie Morel		Date of Receipt M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 1131 San Michele Way		Transaction ID : SA15.4643
City Palm Beach Gardens	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer OBGYN Specialists of Palm Beac	Occupation Physician	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00	

Full Name (Last, First, Middle Initial) Morel For Congress		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 8123 Woodslanding Trail		Transaction ID : SA15.4593
City West Palm Beach	State FL	
FEC ID number of contributing federal political committee. C C00539973		Amount of Each Receipt this Period 1795.00
Name of Employer	Occupation	Receipts 1/18 fundraiser
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10642.15	

Full Name (Last, First, Middle Initial) Morel For Congress		Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 8123 Woodslanding Trail		Transaction ID : SA15.4594
City West Palm Beach	State FL	
FEC ID number of contributing federal political committee. C C00539973		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation	Receipts 1/18 Fundraiser
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10667.15	

SUBTOTAL of Receipts This Page (optional).....	1900.00
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 43
	<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) Morel For Congress		Date of Receipt M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 8123 Woodslanding Trail		Transaction ID : SA15.4595
City West Palm Beach	State FL	Zip Code 33413
FEC ID number of contributing federal political committee. C C00539973	Amount of Each Receipt this Period 270.00 Receipts 1/18 Fundraiser	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10937.15	

Full Name (Last, First, Middle Initial) Morel For Congress		Date of Receipt M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 8123 Woodslanding Trail		Transaction ID : SA15.4596
City West Palm Beach	State FL	Zip Code 33413
FEC ID number of contributing federal political committee. C C00539973	Amount of Each Receipt this Period 70.00 Receipts 1/18 Fundraiser	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 11007.15	

Full Name (Last, First, Middle Initial) Morel For Congress		Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 8123 Woodslanding Trail		Transaction ID : SA15.4603
City West Palm Beach	State FL	Zip Code 33413
FEC ID number of contributing federal political committee. C C00539973	Amount of Each Receipt this Period 60.00 Receipts 1/18/14 Fundraiser	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 11067.15	

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	2300.00

**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 43	
	<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. 7-Eleven		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 1001 N Military Trail		Amount of Each Disbursement this Period 42.28 Transaction ID : SB17.4632
City Haverhill	State FL	
Zip Code 33409	Purpose of Disbursement Gasoline	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) B. 7-Eleven		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 1001 N Military Trail		Amount of Each Disbursement this Period 54.67 Transaction ID : SB17.4673
City Haverhill	State FL	
Zip Code 33409	Purpose of Disbursement Gasoline	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. 7-Eleven		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 1001 N Military Trail		Amount of Each Disbursement this Period 57.01 Transaction ID : SB17.4693
City Haverhill	State FL	
Zip Code 33409	Purpose of Disbursement Gasoline	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).....	153.96
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 14 OF 43			
	<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. Bangladesh Assoc of Florida		Date of Disbursement MM / DD / YYYY 03 / 17 / 2014
Mailing Address 4928 10th Ave North		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4710
City Greenacres State FL Zip Code 33463	Purpose of Disbursement Donation for Event Sponsorship Category/Type 012	
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. Jethro Bardette		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address		Amount of Each Disbursement this Period 275.00 Transaction ID : SB17.4653
City State Zip Code	Purpose of Disbursement Printing of flyers 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. Chase Bank		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address P O Box 659754		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.4676
City San Antonio, TX 78265 - 9754 State TX Zip Code 78265	Purpose of Disbursement Bank Fees 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).....	790.00
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 43			
	<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. Chase Bank

Mailing Address P O Box 659754

City San Antonio, TX 78265 - 9754 State TX Zip Code 78265

Purpose of Disbursement Bank fees

Candidate Name **Morel For Congress**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: FL District: 21

Date of Disbursement: 03 / 31 / 2014

Amount of Each Disbursement this Period: 272.00

Transaction ID : SB17.4692

Category/Type: 001

Full Name (Last, First, Middle Initial)
B. CSPS Parks & Activities

Mailing Address

City State Zip Code

Purpose of Disbursement Advertising - Print

Candidate Name **Morel For Congress**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: FL District: 21

Date of Disbursement: 03 / 13 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.4723

Category/Type: 004

Full Name (Last, First, Middle Initial)
c. Democracy Engine

Mailing Address 850 Quincy Street NW #402

City Washington State DC Zip Code 20011

Purpose of Disbursement Processing Fees for March 2014

Candidate Name **Morel For Congress**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: FL District: 21

Date of Disbursement: 03 / 31 / 2014

Amount of Each Disbursement this Period: 10.10

Transaction ID : SB17.4703

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 782.10

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 43			
	<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. Down from Heaven		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4674
City	State Zip Code	
Purpose of Disbursement T Shirts	Category/ Type 004	
Candidate Name Morel For Congress	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 21	

Full Name (Last, First, Middle Initial) B. Down from Heaven		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4696
City	State Zip Code	
Purpose of Disbursement T Shirts	Category/ Type 004	
Candidate Name Morel For Congress	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 21	

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 1604 S. California Ave		Amount of Each Disbursement this Period 348.34 Transaction ID : SB17.4669
City	State Zip Code Palo Alto CA 94304	
Purpose of Disbursement Social Media Fees	Category/ Type 004	
Candidate Name Morel For Congress	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 21	

SUBTOTAL of Disbursements This Page (optional).....	1148.34
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 43			
	<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 03 / 05 / 2014
Mailing Address 5111 Lantana Rd		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.4697
City Greenacres State FL Zip Code 33463	Purpose of Disbursement Facilities Rental 007 Category/Type	
Candidate Name Morel For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Joseph Evans		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address		Amount of Each Disbursement this Period 390.00 Transaction ID : SB17.4725
City State Zip Code	Purpose of Disbursement Radio Advertising 004 Category/Type	
Candidate Name Morel For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 101A S. State Rd 7		Amount of Each Disbursement this Period 59.88 Transaction ID : SB17.4630
City West Palm Beach State FL Zip Code 33414	Purpose of Disbursement Printing 006 Category/Type	
Candidate Name Morel For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	1699.88
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 43			
	<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 01 / 21 / 2014
Mailing Address 101A S.. State Rd 7		Amount of Each Disbursement this Period 329.10 Transaction ID : SB17.4631
City West Palm Beach	State FL	
Zip Code 33414	Purpose of Disbursement Printing	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) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 101A S.. State Rd 7		Amount of Each Disbursement this Period 262.86 Transaction ID : SB17.4657
City West Palm Beach	State FL	
Zip Code 33414	Purpose of Disbursement Posters, Cards	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) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 101A S.. State Rd 7		Amount of Each Disbursement this Period 6.36 Transaction ID : SB17.4658
City West Palm Beach	State FL	
Zip Code 33414	Purpose of Disbursement Bill Adjstmnt - Printer Ink	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).....	329.10
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 43			
	<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 MM / DD / YYYY 02 / 03 / 2014
Mailing Address 101A S.. State Rd 7		Amount of Each Disbursement this Period 52.98
City West Palm Beach	State FL	
Zip Code 33414	Purpose of Disbursement Envelopes	Transaction ID : SB17.4659
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. Office Depot		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 101A S.. State Rd 7		Amount of Each Disbursement this Period 79.47
City West Palm Beach	State FL	
Zip Code 33414	Purpose of Disbursement Envelopes	Transaction ID : SB17.4670
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) c. Office Depot		Date of Disbursement MM / DD / YYYY 02 / 18 / 2014
Mailing Address 101A S.. State Rd 7		Amount of Each Disbursement this Period 84.79
City West Palm Beach	State FL	
Zip Code 33414	Purpose of Disbursement Copies	Transaction ID : SB17.4671
Candidate Name Morel For Congress	Category/ Type 003	
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).....	217.24
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 20 OF 43	
	<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 MM / DD / YYYY 02 / 20 / 2014
Mailing Address 101A S.. State Rd 7		Amount of Each Disbursement this Period 91.14 Transaction ID : SB17.4672
City West Palm Beach	State FL	
Zip Code 33414	Purpose of Disbursement Labels 003	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. Office Depot		Date of Disbursement MM / DD / YYYY 03 / 07 / 2014
Mailing Address 101A S.. State Rd 7		Amount of Each Disbursement this Period 293.41 Transaction ID : SB17.4717
City West Palm Beach	State FL	
Zip Code 33414	Purpose of Disbursement Advertising - Banners 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. Jean Pierre		Date of Disbursement MM / DD / YYYY 01 / 23 / 2014
Mailing Address 6952 Mill Brook Place		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4623
City Lake Worth	State FL	
Zip Code 33463	Purpose of Disbursement Dee Jay Services for 1/18 Fundraiser 007	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).....	784.55
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 43		
	<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)		Date of Disbursement											
A. Postmaster		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>11</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		11		2014
M M	/	D D	/	Y Y Y Y									
02		11		2014									
Mailing Address 10299 Southern Blvd		Amount of Each Disbursement this Period											
City State Zip Code Royal Palm Beach FL 33411		<table border="1"> <tr> <td>320.00</td> </tr> </table>		320.00									
320.00													
Purpose of Disbursement Bulk Mail Charges		Transaction ID : SB17.4650											
Candidate Name Morel For Congress		Category/Type 003											
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)		Date of Disbursement											
B. Postmaster		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>26</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		26		2014
M M	/	D D	/	Y Y Y Y									
02		26		2014									
Mailing Address 10299 Southern Blvd		Amount of Each Disbursement this Period											
City State Zip Code Royal Palm Beach FL 33411		<table border="1"> <tr> <td>47.97</td> </tr> </table>		47.97									
47.97													
Purpose of Disbursement Bulk Mail Charges		Transaction ID : SB17.4652											
Candidate Name Morel For Congress		Category/Type 003											
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)		Date of Disbursement											
c. Tele Ibo		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		21		2014
M M	/	D D	/	Y Y Y Y									
01		21		2014									
Mailing Address 1102 North Dixie Highway		Amount of Each Disbursement this Period											
City State Zip Code Lake Worth FL 33460		<table border="1"> <tr> <td>300.00</td> </tr> </table>		300.00									
300.00													
Purpose of Disbursement Video Services for 1/18 Fundraiser		Transaction ID : SB17.4621											
Candidate Name Morel For Congress		Category/Type 007											
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)	667.97
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 43		
	<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. The UPS Store		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 4825 Royal Palm Beach Blvd		Amount of Each Disbursement this Period 159.00
City Royal Palm Beach	State FL	
Zip Code 33411	Purpose of Disbursement Mailing & Postage	Transaction ID : SB17.4635
Candidate Name	001 Category/ Type	
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. Verizon		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 270.00
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Telephone service	Transaction ID : SB17.4665
Candidate Name Morel For Congress	001 Category/ Type	
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. Vistaprint		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 95 hayden Ave		Amount of Each Disbursement this Period 203.99
City Lexington	State MA	
Zip Code 02421	Purpose of Disbursement Printing	Transaction ID : SB17.4662
Candidate Name Morel For Congress	001 Category/ Type	
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).....	632.99
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 43		
	<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. Vistaprint		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 95 hayden Ave		Amount of Each Disbursement this Period 4.99
City Lexington State MA Zip Code 02421	Purpose of Disbursement 001	
Candidate Name Morel For Congress		Transaction ID : SB17.4694
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. Vistaprint		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 95 hayden Ave		Amount of Each Disbursement this Period 128.69
City Lexington State MA Zip Code 02421	Purpose of Disbursement Bumper Stickers 004	
Candidate Name Morel For Congress		Transaction ID : SB17.4695
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. Walmart		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 9990 Belvedere Rd		Amount of Each Disbursement this Period 21.17
City Royal Palm Beach State FL Zip Code 33411	Purpose of Disbursement Printer Ink 001	
Candidate Name Morel For Congress		Transaction ID : SB17.4698
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).....	154.85
TOTAL This Period (last page this line number only).....	7360.98

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)

[PERSONAL FUNDS]

Election: 2014

Mr. Emmanuel G Morel

Primary

General

Other (specify) ▼

Mailing Address

8123 Woodslanding Trail

City

State

ZIP Code

West Palm Beach

FL

33413

Original Amount of Loan

2000.00

Cumulative Payment To Date

450.00

Balance Outstanding at Close of This Period

1550.00

TERMS

Date Incurred

M 12 / D 31 / Y 2012

Date Due

M / D / Y None

Interest Rate

0.00 % (apr)

Secured:

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
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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
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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

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/10.4399**

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
2125.00 0.00 2125.00

TERMS

Date Incurred Date Due Interest Rate Secured:
05 / 20 / 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)..... ▶ 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 M M / D D / 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

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 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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TERMS

Date Incurred: M 07 / D 02 / Y 2013
 Date Due: M / D / Y 00/00/0000
 Interest Rate: 0.00 % (apr)
 Secured: 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

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 <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
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 09 / 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).....	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).....	▶	[]

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/10.4646**

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
700.00 0.00 700.00

TERMS

Date Incurred Date Due Interest Rate Secured:
02 / 24 / 2014 M M / D D / 00/00/00 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)..... ▶ 700.00

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/10.4647**

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
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 24 / 2014	00/00/00	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).....	▶	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

NAME OF COMMITTEE (In Full) **Morel For Congress** Transaction ID : **SC/10.4687**

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
1500.00	0.00	1500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 07 / 2014	00/00/00	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).....	▶	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/10.4706**

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
150.00 0.00 150.00

TERMS

Date Incurred Date Due Interest Rate Secured:
03 / 14 / 2014 M M / D D / 00/00/00 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)..... ▶ 150.00

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/10.4686**

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
600.00 0.00 600.00

TERMS

Date Incurred Date Due Interest Rate Secured:
03 / 18 / 2014 M M / D D / 00/00/00 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)..... ▶ 600.00

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/10.4684**

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:
03 / 19 / 2014	00/00/00	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).....	▶	[]

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/10.4685**

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 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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TERMS

Date Incurred: M 03 / D 19 / Y 2014
Date Due: M M / D D / Y 00/00/00
Interest Rate: 0.00 % (apr)
Secured: 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).....	▶	17701.00

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).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

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 QVC		Nature of Debt (Purpose): Computer Purchase
Mailing Address 1365 Enterprise Drive		
City Westchester	State PA Zip Code 19380	

Outstanding Balance Beginning This Period <input type="text" value="420.97"/>		Transaction ID : SD10.4217	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="420.97"/>	

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="420.97"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="1597.55"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="17701.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="19298.55"/>