

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

through

M M /

D D /

Y Y Y Y

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

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))....	730.00	2811.00
(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)).....	730.00	2811.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3587.17	20573.52
(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)).....	3587.17	20373.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2025.92	
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).....	360.00	1060.00
(ii) Unitemized.....	370.00	1751.00
(iii) TOTAL of contributions from individuals ▶	730.00	2811.00
(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))..	730.00	2811.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	3476.00	14101.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	3476.00	14101.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	200.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	1280.00	6412.44
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	5486.00	23524.44

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3587.17	20573.52
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) ▶	3587.17	21498.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	127.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5486.00
25. SUBTOTAL (add Line 23 and Line 24).....	5613.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3587.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2025.92

**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 25
	<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

Full Name (Last, First, Middle Initial) Marie Morel		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 11 / 2013	
Mailing Address 1131 San Michele Way		Transaction ID : SA11AI.4465	
City Palm Beach Gardens	State FL	Zip Code 33428	
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		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 240.00		
		Donation	

Full Name (Last, First, Middle Initial) Marie Morel		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 03 / 2013	
Mailing Address 1131 San Michele Way		Transaction ID : SA11AI.4476	
City Palm Beach Gardens	State FL	Zip Code 33428	
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		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 320.00		
		Donation	

Full Name (Last, First, Middle Initial) Marie Morel		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2013	
Mailing Address 1131 San Michele Way		Transaction ID : SA11AI.4464	
City Palm Beach Gardens	State FL	Zip Code 33428	
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		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		
		Donation	

SUBTOTAL of Receipts This Page (optional).....	240.00
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 25
	<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)
Wayne Smith

Mailing Address 175 Saratoga Blvd. West

City State Zip Code
Royal Palm Beach FL 33411

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

Name of Employer Occupation
Tyco Fire & Security Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 11 / 2013

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period
100.00

Donation

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
215.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 06 / 2013

Transaction ID : SA11AI.4460

Amount of Each Receipt this Period
20.00

Donation

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).....

120.00

360.00

**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 25
	<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
11625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 02 / 2013

Transaction ID : SA13A.4487

Amount of Each Receipt this Period
1000.00

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
12125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 09 / 2013

Transaction ID : SA13A.4488

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 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
13245.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 29 / 2013

Transaction ID : SA13A.4489

Amount of Each Receipt this Period
1120.00

Personal Loan To Campaign

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

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

2620.00

**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 25
	<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
13801.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 27 / 2013

Transaction ID : SA13A.4490

Amount of Each Receipt this Period
556.00

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
14101.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 30 / 2013

Transaction ID : SA13A.4491

Amount of Each Receipt this Period
300.00

Personal Loan To Campaign

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).....

856.00

3476.00

**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 25
	<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
5732.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2013

Transaction ID : SA15.4458

Amount of Each Receipt this Period
700.00

Fundraiser- Proceeds fr.7/12 Event@ El Sabor Resturant

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
6312.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2013

Transaction ID : SA15.4459

Amount of Each Receipt this Period
580.00

Fundraiser - Pizza Event 8/24/2013

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).....

1280.00

1280.00

**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 10 OF 25			
	<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 09 / 30 / 2013
Mailing Address 3119 Forest Hills Blvd		Amount of Each Disbursement this Period 462.00 Transaction ID : SB17.4450
City Greenacres State FL Zip Code 33406	Purpose of Disbursement Fundraiser 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. Gravis Mrketing		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2013
Mailing Address 910 Belle Ave - #1042		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4442
City Winter Springs State FL Zip Code 32708	Purpose of Disbursement Consulting - Fundraising 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) c. Karamba Printing		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2013
Mailing Address 2650 South Military Trl		Amount of Each Disbursement this Period 44.52 Transaction ID : SB17.4454
City West Palm Beach State FL Zip Code 33415	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 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).....	906.52
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 11 OF 25			
	<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. Karamba Printing		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013
Mailing Address 2650 South Military Trl		Amount of Each Disbursement this Period 28.62 Transaction ID : SB17.4455
City West Palm Beach	State FL	
Zip Code 33415	Purpose of Disbursement Printing	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 07 / 16 / 2013
Mailing Address 101A S.. State Rd 7		Amount of Each Disbursement this Period 244.82 Transaction ID : SB17.4434
City West Palm Beach	State FL	
Zip Code 33414	Purpose of Disbursement Office Supplies - Ink & Toner	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. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 101A S.. State Rd 7		Amount of Each Disbursement this Period 9.39 Transaction ID : SB17.4435
City West Palm Beach	State FL	
Zip Code 33414	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....	282.83
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 12 OF 25	
	<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. Public Eye Relations		M M / D D / Y Y Y Y 07 / 02 / 2013	
Mailing Address 5566 Wright Rd		Amount of Each Disbursement this Period	
City Powder Springs State GA Zip Code 30217		1000.00	
Purpose of Disbursement Political Strategy Consulting		Transaction ID : SB17.4492	
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)		Date of Disbursement	
B. Public Eye Relations		M M / D D / Y Y Y Y 07 / 24 / 2013	
Mailing Address 5566 Wright Rd		Amount of Each Disbursement this Period	
City Powder Springs State GA Zip Code 30217		1000.00	
Purpose of Disbursement Political Strategy Consulting		Transaction ID : SB17.4493	
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)		Date of Disbursement	
C.		M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code		[Empty Box]	
Purpose of Disbursement		Category/Type	
Candidate Name			
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).....	2000.00
TOTAL This Period (last page this line number only).....	3189.35

SCHEDULE C (FEC Form 3)
LOANS

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 <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
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)	<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).....	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

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 1500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500.00
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TERMS

Date Incurred M 03 / D 14 / 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)..... ▶ 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)

[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

3500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 22 / 2013

Date Due

M M / D D / Y Y Y 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)..... ▶

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

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 800.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 800.00
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TERMS

Date Incurred: M 06 / D 17 / Y 2013
 Date Due: M M / D 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) ▶ 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 <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
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 02 / 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).....	▶	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:
07 / 09 / 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)..... ▶ 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/10.4489**

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
1120.00	0.00	1120.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 29 / 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).....	▶	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**

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

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)	<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="13451.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="15048.55"/>