

# 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  
11 / 07 / 2012

through

M M / D D / Y Y Y Y  
03 / 31 / 2013

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

Type or Print Name of Treasurer Charon J Williams

Signature of Treasurer Charon J Williams

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
03 / 31 / 2013

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))....	1026.00	1026.00
(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)).....	1026.00	1026.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	7869.22	7869.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7869.22	7869.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4644.22	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	9836.94	

**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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	1026.00	1026.00
(iii) TOTAL of contributions from individuals ▶	1026.00	1026.00
(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))..	1026.00	1026.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	7700.00	7700.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	7700.00	7700.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	3787.44	3787.44
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	12513.44	12513.44

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7869.22	7869.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	7869.22	7869.22

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12513.44
25. SUBTOTAL (add Line 23 and Line 24).....	12513.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7869.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4644.22

**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 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)  
**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  
2200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2013

**Transaction ID : SA11D.4257**

Amount of Each Receipt this Period  
178.89

Office Depot Printing Services

**[MEMO ITEM]**

**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  
2200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2013

**Transaction ID : SA11D.4263**

Amount of Each Receipt this Period  
400.00

T Shirts

**[MEMO ITEM]**

**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  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2013

**Transaction ID : SA11D.4259**

Amount of Each Receipt this Period  
147.87

Letterheads & Envelopes Printed

**[MEMO ITEM]**

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

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

0.00

**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 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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  
7700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 26 2013

**Transaction ID : SA11D.4262**

Amount of Each Receipt this Period  
849.82  
4/7/13 Fundraising Flyers & T Shirts

**[MEMO ITEM]**

**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).....

0.00

0.00

**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 21
	<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**

Full Name (Last, First, Middle Initial) <b>A. Mr. Emmanuel G Morel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 03 / 2012	
Mailing Address 8123 Woodslanding Trail		<b>Transaction ID : SA13A.4103</b>	
City West Palm Beach	State FL	Zip Code 33413	Amount of Each Receipt this Period _____ 200.00 Personal Loan by Candidate
FEC ID number of contributing federal political committee. <b>C H4FL21054</b>			
Name of Employer Retired	Occupation Fed Investigator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 200.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Emmanuel G Morel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2012	
Mailing Address 8123 Woodslanding Trail		<b>Transaction ID : SA13A.4102</b>	
City West Palm Beach	State FL	Zip Code 33413	Amount of Each Receipt this Period _____ 2000.00 Personal Loan By Candidate
FEC ID number of contributing federal political committee. <b>C H4FL21054</b>			
Name of Employer Retired	Occupation Fed Investigator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2200.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Emmanuel G Morel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 25 / 2013	
Mailing Address 8123 Woodslanding Trail		<b>Transaction ID : SA13A.4208</b>	
City West Palm Beach	State FL	Zip Code 33413	Amount of Each Receipt this Period _____ 500.00 Personal Loan By Candidate
FEC ID number of contributing federal political committee. <b>C H4FL21054</b>			
Name of Employer Retired	Occupation Fed Investigator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2700.00
<b>TOTAL</b> 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 8 OF 21
	<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**

Full Name (Last, First, Middle Initial) <b>Mr. Emmanuel G Morel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 14 / 2013	
Mailing Address 8123 Woodslanding Trail		<b>Transaction ID : SA13A.4118</b>	
City State Zip Code West Palm Beach FL 33413	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C H4FL21054	Personal Loan by Candidate		
Name of Employer Occupation Retired Fed Investigator	Election Cycle-to-Date 4200.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>Mr. Emmanuel G Morel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 22 / 2013	
Mailing Address 8123 Woodslanding Trail		<b>Transaction ID : SA13A.4119</b>	
City State Zip Code West Palm Beach FL 33413	Amount of Each Receipt this Period 3500.00		
FEC ID number of contributing federal political committee. C H4FL21054	Personal Loan by Candidate		
Name of Employer Occupation Retired Fed Investigator	Election Cycle-to-Date 7700.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City State Zip Code			
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period		
Name of Employer Occupation	Election Cycle-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	7700.00

**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 21
	<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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 24 / 2013

**Transaction ID : SA15.4132**

Amount of Each Receipt this Period  
 3370.00

Event Hall Fundraiser

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

Mailing Address 8123 Woodslanding Trail

City State Zip Code  
West Palm Beach FL 33413

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 25 / 2013

**Transaction ID : SA15.4133**

Amount of Each Receipt this Period  
 17.15

Refund against Ck#1001-Event Expenses

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

Mailing Address 8123 Woodslanding Trail

City State Zip Code  
West Palm Beach FL 33413

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 25 / 2013

**Transaction ID : SA15.4294**

Amount of Each Receipt this Period  
 400.00

Cellphone Bill Reimbursement By Candidate - Feb 2013

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

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

3787.15

3787.15

**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 21			
	<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) <b>A. Buca De Beppo</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2013
Mailing Address 2025 Wellington Green Dr		Amount of Each Disbursement this Period 590.00 <b>Transaction ID : SB17.4206</b>
City Wellington State FL Zip Code 33414	Purpose of Disbursement Fundraiser - Food for 2/24/13 Category/Type 003	
Candidate Name <b>Morel For Congress</b>	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>B. Event Hall</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2013
Mailing Address 2223 Palm Beach Lakes		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4175</b>
City West Palm Beach State FL Zip Code 33409	Purpose of Disbursement Facility-Room Rental for 2/24/13 Fundraiser Category/Type 003	
Candidate Name <b>Morel For Congress</b>	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>c. Facebook</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2013
Mailing Address 1604 S. California Ave		Amount of Each Disbursement this Period 301.00 <b>Transaction ID : SB17.4181</b>
City Palo Alto State CA Zip Code 94304	Purpose of Disbursement Social Media Fees Category/Type 004	
Candidate Name <b>Morel For Congress</b>	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1291.00
<b>TOTAL</b> 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 21			
	<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) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2013
Mailing Address 1604 S. California Ave		Amount of Each Disbursement this Period 280.00 <b>Transaction ID : SB17.4209</b>
City Palo Alto State CA Zip Code 94304	Purpose of Disbursement Social Media Fees 004 Category/Type	
Candidate Name <b>Morel For Congress</b>	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>B. Gzip USA A/K/A Anna Carril-Grumberg</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2013
Mailing Address 875 Third Avenue		Amount of Each Disbursement this Period 1160.00 <b>Transaction ID : SB17.4159</b>
City New York State NY Zip Code 10022	Purpose of Disbursement Social Media Consulting Contract-Pymnt #1 004 Category/Type	
Candidate Name <b>Morel For Congress</b>	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>C. Gzip USA A/K/A Anna Carril-Grumberg</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2013
Mailing Address 875 Third Avenue		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : SB17.4180</b>
City New York State NY Zip Code 10022	Purpose of Disbursement Social Media Consulting Contract - Pymnt#2-Final 004 Category/Type	
Candidate Name <b>Morel For Congress</b>	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1890.00
<b>TOTAL</b> 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 21	
	<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) <b>A. Gzip USA A/K/A Anna Carril-Grumberg</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address 875 Third Avenue		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4219</b>
City New York	State NY	
Zip Code 10022	Purpose of Disbursement Website Services	Category/ Type 004
Candidate Name <b>Morel For Congress</b>	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>B. Gzip USA A/K/A Anna Carril-Grumberg</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2013
Mailing Address 875 Third Avenue		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.4220</b>
City New York	State NY	
Zip Code 10022	Purpose of Disbursement Consultant - Press Release Preparation	Category/ Type 004
Candidate Name <b>Morel For Congress</b>	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>C. Gzip USA A/K/A Anna Carril-Grumberg</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2013
Mailing Address 875 Third Avenue		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.4230</b>
City New York	State NY	
Zip Code 10022	Purpose of Disbursement Fundraising - Coordinating & Planning	Category/ Type 003
Candidate Name <b>Morel For Congress</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1300.00
<b>TOTAL</b> 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 13 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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) <b>A. Jet Blue Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2013
Mailing Address 118-29 Queens Blvd		Amount of Each Disbursement this Period 244.90 <b>Transaction ID : SB17.4187</b>
City Forest Hills	State NY	
Zip Code 11375	Purpose of Disbursement Travel for Event Filming	Category/ Type 002
Candidate Name <b>Morel For Congress</b>	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>B. Karamba Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2013
Mailing Address 2650 South Military Trl		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.4184</b>
City West Palm Beach	State FL	
Zip Code 33415	Purpose of Disbursement Printing	Category/ Type 004
Candidate Name <b>Morel For Congress</b>	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>c. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2013
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 454.35 <b>Transaction ID : SB17.4167</b>
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Cell Phone Equipment & Service	Category/ Type 001
Candidate Name <b>Morel For Congress</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1049.25
<b>TOTAL</b> 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 21		
	<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) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2013
Mailing Address PO Box 25505		Amount of Each Disbursement this Period 557.21 <b>Transaction ID : SB17.4204</b>
City Lehigh Valley	State PA	
Zip Code 18002-5505	Purpose of Disbursement Cell Phone Service	Category/ Type 001
Candidate Name <b>Morel For Congress</b>	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>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	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:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	557.21
<b>TOTAL</b> This Period (last page this line number only).....	6087.46

**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/10.4103**

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  
200.00 0.00 200.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 12 / D 03 / Y 2012 M M / D D / Y None 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 200.00

**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/10.4102**

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

Mailing Address  
8123 Woodslanding Trail

City State ZIP Code  
West Palm Beach FL 33413

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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**TERMS**

Date Incurred M 12 / D 31 / Y 2012	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 2000.00
<b>TOTALS</b> 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/10.4208**

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

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y None 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 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**

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 3500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3500.00
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**TERMS**

Date Incurred: M 03 / D 22 / Y 2013  
 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	3500.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	7700.00

**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 <b>Mr. Emmanuel G Morel</b>		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	<b>Transaction ID : SD10.4267</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="178.89"/>	<input type="text" value="0.00"/>	<input type="text" value="178.89"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mr. Emmanuel G Morel</b>		Nature of Debt (Purpose): T Shirts
Mailing Address 8123 Woodslanding Trail		
City	State	Zip Code
West Palm Beach	FL	33413

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.4271</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="400.00"/>	<input type="text" value="0.00"/>	<input type="text" value="400.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mr. Emmanuel G Morel</b>		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	<b>Transaction ID : SD10.4269</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="147.87"/>	<input type="text" value="0.00"/>	<input type="text" value="147.87"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="726.76"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**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 <b>Mr. Emmanuel G Morel</b>	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 0.00	<b>Transaction ID : SD10.4270</b>	
Amount Incurred This Period 849.82	Payment This Period 0.00	Outstanding Balance at Close of This Period 849.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>QVC</b>	Nature of Debt (Purpose): Computer Purchase
Mailing Address 1365 Enterprise Drive	
City State Zip Code Westchester PA 19380	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4217</b>	
Amount Incurred This Period 699.75	Payment This Period 139.39	Outstanding Balance at Close of This Period 560.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	1410.18
2) <b>TOTALS</b> This Period (last page this line number only) .....	2136.94
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	7700.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	9836.94