

# 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  
Morton for Congress

ADDRESS (number and street) 5510 Woodward Ave.  
 Check if different than previously reported. (ACC) Detroit MI 48202

2. **FEC IDENTIFICATION NUMBER** C C00554923 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT  
MI 14

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 / 13 / 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 Ms Linda Ann Ward

Signature of Treasurer Ms Linda Ann Ward *[Electronically Filed]* Date M M / D D / Y Y Y Y  
05 / 30 / 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  
**Morton 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))....	30865.00	30865.00
(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)).....	30865.00	30865.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	20297.71	20297.71
(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)).....	20297.71	20297.71
8. Cash on Hand at Close of Reporting Period (from Line 27).....	32067.29	
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).....	26753.00	

**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

**Morton 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).....	28600.00	28600.00
(ii) Unitemized.....	2255.00	2255.00
(iii) TOTAL of contributions from individuals ▶	30855.00	30855.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	10.00	10.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	30865.00	30865.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	21500.00	21500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	21500.00	21500.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	52365.00	52365.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20297.71	20297.71
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) ►	20297.71	20297.71

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	52365.00
25. SUBTOTAL (add Line 23 and Line 24).....	52365.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20297.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	32067.29

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 28  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Morton for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Derek S Albert**

Mailing Address 18920 Stonewater Blvd

City Northville State MI Zip Code 48168-8560

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

Name of Employer Albert and Associates Occupation Consultant

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 30 / 2014

**Transaction ID : VNJ1NCBRJ50**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Derek S Albert**

Mailing Address 18920 Stonewater Blvd

City Northville State MI Zip Code 48168-8560

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

Name of Employer Albert and Associates Occupation Consultant

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : VNJ1NCFH3K0**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Nicholas Aubrey**

Mailing Address 27801 Harper Ave

City Saint Clair Shores State MI Zip Code 48081-1542

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

Name of Employer Self Employed Occupation Parking Industry

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : VNJ1NCC19A3**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

**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 28
	<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)  
**Morton for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kathy Boylan**

Mailing Address 1405 Mayfield Dr

City: Royal Oak State: MI Zip Code: 48067-1150

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

Name of Employer: Sumava Occupation: nurse and cherry farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 22 / 2014

**Transaction ID : VNJ1NCF2GA9**

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrea C Bronson**

Mailing Address 30780 Ivy Glen Ct

City: Bingham Farms State: MI Zip Code: 48025-4624

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

Name of Employer: Self Occupation: School Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 01 / 22 / 2014

**Transaction ID : VNJ1NCBRK87**

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Andrea C Bronson**

Mailing Address 30780 Ivy Glen Ct

City: Bingham Farms State: MI Zip Code: 48025-4624

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

Name of Employer: Self Occupation: School Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 03 / 26 / 2014

**Transaction ID : VNJ1NCJ9PA3**

Amount of Each Receipt this Period: 500.00

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

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

2000.00

**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 28
	<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)  
**Morton for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Denise Brooks-Williams**

Mailing Address 19225 Parkside St

City State Zip Code  
Detroit MI 48221-1832

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

Name of Employer Occupation  
Henry Ford Hospital-Wyandotte President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : VNJ1NCF6WX4**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Johnny Cannon**

Mailing Address 21444 Bridge St

City State Zip Code  
Southfield MI 48033-4031

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

Name of Employer Occupation  
Canstrong Foodservice, LLC foodservice

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : VNJ1NCFNPC8**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Cottrel Coliseum Group LLC**

Mailing Address 26677 W 12 Mile Rd

City State Zip Code  
Southfield MI 48034-1514

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : VNJ1NCMV156**

Amount of Each Receipt this Period  
500.00

LLC - Members below if itemized. Permissible funds.

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

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

2000.00

**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 28
	<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)  
**Morton for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Draper**

Mailing Address 26677 W 12 Mile Rd

City Southfield State MI Zip Code 48034-1514

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

Name of Employer Partner Occupation Wing Stop

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : VNJ1NCMZAG3**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
**Michael Curis**

Mailing Address 1260 Library St

City Detroit State MI Zip Code 48226-2248

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

Name of Employer Curis Companies Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : VNJ1NCCA198**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Curis**

Mailing Address 1260 Library St

City Detroit State MI Zip Code 48226-2248

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

Name of Employer Curis Companies Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : VNJ1NCCA1A6**

Amount of Each Receipt this Period  
1500.00

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

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

2500.00



**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 28
	<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)  
**Morton for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara J Evans**

Mailing Address 1900 Chene Ct  
Apt 203

City State Zip Code  
Detroit MI 48207-4933

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : VNJ1NCJ9PG1**

Amount of Each Receipt this Period  
700.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas J Giftos**

Mailing Address 27947 Groesbeck Hwy

City State Zip Code  
Roseville MI 48066-5221

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

Name of Employer Occupation  
National Coney Island Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

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

**Transaction ID : VNJ1NCDDRC5**

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
**Courtney Hollowell**

Mailing Address 219 Ravine Dr

City State Zip Code  
Highland Park IL 60035-3342

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

Name of Employer Occupation  
Cook County Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 16 / 2014

**Transaction ID : VNJ1NCE0SD5**

Amount of Each Receipt this Period  
500.00

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

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

1950.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 28
	<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)  
**Morton for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sandra L Jackson**

Mailing Address 4354 E Outer Dr

City	State	Zip Code
Detroit	MI	48234-3182

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

Name of Employer	Occupation
Retired	Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2014

**Transaction ID : VNJ1NCJ9PJ7**

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**W Anthony Jenkins**

Mailing Address 19395 Strathcona Dr

City	State	Zip Code
Detroit	MI	48203-1495

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

Name of Employer	Occupation
Dickenson Wright PLLC	Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : VNJ1NCBRMK6**

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Walter Jones Jr**

Mailing Address 7772 Brookside Ct

City	State	Zip Code
Dexter	MI	48130-9686

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

Name of Employer	Occupation
Self	Finance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 30 / 2014

**Transaction ID : VNJ1NCBRF63**

Amount of Each Receipt this Period

500.00

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

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

2000.00

**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 28
	<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)  
**Morton for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Walter Jones Jr**

Mailing Address 7772 Brookside Ct

City Dexter State MI Zip Code 48130-9686

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

Name of Employer Self Occupation Finance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : VNJ1NCJ9PB1**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**William L Jordan**

Mailing Address 1620 Rathmor Rd

City Bloomfield Hills State MI Zip Code 48304-2141

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

Name of Employer William L. Jordan MD, PC Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 31 / 2014

**Transaction ID : VNJ1NCBQZE1**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Reginald Lee**

Mailing Address 2091 Buckingham Ave

City Berkley State MI Zip Code 48072-1214

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

Name of Employer Kindred Hospital Occupation CEO

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 / 27 / 2014

**Transaction ID : VNJ1NCGDQR4**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

**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 12 OF 28
	<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)  
**Morton for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Clayton Mayfield**

Mailing Address 2295 Thomas Rd

City Beaumont	State TX	Zip Code 77706-2839
------------------	-------------	------------------------

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

Name of Employer Linebarger Gobbler Blair & Sampson	Occupation Attorney
--	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : VNJ1NCBRGD1**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ernest Mayfield**

Mailing Address 929 11th St NE

City Washington	State DC	Zip Code 20002-3701
--------------------	-------------	------------------------

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

Name of Employer ANG	Occupation Pilot
-------------------------	---------------------

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 / 06 / 2014

**Transaction ID : VNJ1NCBMJB6**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Nick Moschouris**

Mailing Address 37500 Alpinia Ln

City Clinton Township	State MI	Zip Code 48036-2002
--------------------------	-------------	------------------------

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

Name of Employer Hospital Foods Enterprises	Occupation CEO
--	-------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : VNJ1NCDDR18**

Amount of Each Receipt this Period  
2600.00

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

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

3850.00

**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 13 OF 28
	<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)  
**Morton for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Des R Pennington**

Mailing Address 5735 Fox Hunt Ln

City West Bloomfield State MI Zip Code 48322-1644

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

Name of Employer Chrysler Occupation Operations Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 15 / 2014

**Transaction ID : VNJ1NCE0965**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**William M Perkins**

Mailing Address 31880 Mountain View Rd

City Franklin State MI Zip Code 48025-1246

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

Name of Employer Bill Perkins Auto Group Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 17 / 2014

**Transaction ID : VNJ1NCBPZQ4**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**William J Raffoul**

Mailing Address 72 Michaux Ct

City Grosse Pointe Shores State MI Zip Code 48236-1461

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

Name of Employer Self Occupation Entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : VNJ1NCJ9PE5**

Amount of Each Receipt this Period  
 300.00

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

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

2800.00

**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 14 OF 28
	<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)  
**Morton for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael V Roberts**

Mailing Address 5025 Lindell Blvd

City Saint Louis State MO Zip Code 63108-1219

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

Name of Employer Roberts Hotel Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2014

**Transaction ID : VNJ1NCBRGZ3**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Peter Ruffner**

Mailing Address 150 E. Congress Suite 200

City Detroit State MI Zip Code 48226-4308

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

Name of Employer Omnigraphics Occupation publisher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : VNJ1NCFVCE0**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**John Simpson**

Mailing Address 29284 Augusta

City Farmington Hills State MI Zip Code 48331-4829

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

Name of Employer Simpson Morton Cross PLLC Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : VNJ1NCGAF12**

Amount of Each Receipt this Period  
 1000.00

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

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

4100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 28  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**Morton for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Levi Stubbs III**

Mailing Address 19457 Gloucester Dr

City State Zip Code  
Detroit MI 48203-1482

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

Name of Employer Occupation  
Camryn Group Director of Corporate Development

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : VNJ1NCGCCX2**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**Levi Stubbs III**

Mailing Address 19457 Gloucester Dr

City State Zip Code  
Detroit MI 48203-1482

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

Name of Employer Occupation  
Camryn Group Director of Corporate Development

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : VNJ1NCGCD21**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Linda Ward**

Mailing Address 23307 N Chanticleer Dr

City State Zip Code  
Southfield MI 48034-6938

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

Name of Employer Occupation  
Self Employed Consultant

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : VNJ1NCGJSR8**

Amount of Each Receipt this Period  
500.00

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

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

1100.00

**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 16 OF 28
	<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)  
**Morton for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sharon Weatherspoon**

Mailing Address 1842 Villa Rd

City Birmingham State MI Zip Code 48009-6561

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

Name of Employer Self Occupation IT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : VNJ1NCBRKF2**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Alan Scott White**

Mailing Address P.O. Box 31-1631

City Detroit State MI Zip Code 48231

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

Name of Employer WISE Commercial Real Estate Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VNJ1NCGW961**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**James A Womack**

Mailing Address 2310 W McNichols Rd

City Detroit State MI Zip Code 48221-3120

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

Name of Employer Self Employed Occupation Entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : VNJ1NCH3Y69**

Amount of Each Receipt this Period  
 250.00

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

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

1550.00

28600.00



**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 17 OF 28
	<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)  
**Morton for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Maurice Morton**

Mailing Address 2985 E Jefferson Ave

City State Zip Code  
Detroit MI 48207-4288

FEC ID number of contributing federal political committee. **C H4MI14166**

Name of Employer Occupation  
Simpson Morton & Cross Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify) Debt Primary 2014

Election Cycle-to-Date  
5253.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 23 / 2014

**Transaction ID : VNJ1NCMTT51**

Amount of Each Receipt this Period  
5253.00

**[MEMO ITEM]**  
\* In-Kind: Advances for flyers, t-shirts, campaign design, postage, supplies, food and beverages

**B.** Full Name (Last, First, Middle Initial)  
**Maurice Morton**

Mailing Address 2985 E Jefferson Ave

City State Zip Code  
Detroit MI 48207-4288

FEC ID number of contributing federal political committee. **C H4MI14166**

Name of Employer Occupation  
Simpson Morton & Cross Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5263.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 19 / 2014

**Transaction ID : VNJ1NC99E85**

Amount of Each Receipt this Period  
10.00

**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

Amount of Each Receipt this Period

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

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

10.00

10.00

**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 18 OF 28
	<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)  
**Morton for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Maurice Morton**

Mailing Address 2985 E Jefferson Ave

City Detroit State MI Zip Code 48207-4288

FEC ID number of contributing federal political committee. **C H4MI14166**

Name of Employer Simpson Morton & Cross Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 21 / 2014

**Transaction ID : VNJ1NCMTT27**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Maurice Morton**

Mailing Address 2985 E Jefferson Ave

City Detroit State MI Zip Code 48207-4288

FEC ID number of contributing federal political committee. **C H4MI14166**

Name of Employer Simpson Morton & Cross Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : VNJ1NCMK207**

Amount of Each Receipt this Period  
 20000.00

**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

Amount of Each Receipt this Period

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

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

21500.00

21500.00

**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 19 OF 28	
	<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)  
**Morton for Congress**

Full Name (Last, First, Middle Initial) <b>A. Andre Smith Photography, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2014</b>
Mailing Address 1866 Villa Rd		Amount of Each Disbursement this Period <b>300.00</b> Transaction ID : <b>VNH2D9REW99</b>
City Birmingham	State MI Zip Code 48009-6561	
Purpose of Disbursement Photography	Category/Type <b>001</b>	
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:		

Full Name (Last, First, Middle Initial) <b>B. Tamekia Ashford</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 12 / 2014</b>
Mailing Address 3320 Spinnaker Ln Apt 11B		Amount of Each Disbursement this Period <b>500.00</b> Transaction ID : <b>VNH2D9REW81</b>
City Detroit	State MI Zip Code 48207-5005	
Purpose of Disbursement Communication Consulting	Category/Type <b>001</b>	
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:		

Full Name (Last, First, Middle Initial) <b>c. Tamekia Ashford</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 28 / 2014</b>
Mailing Address 3320 Spinnaker Ln Apt 11B		Amount of Each Disbursement this Period <b>500.00</b> Transaction ID : <b>VNH2D9RETZ7</b>
City Detroit	State MI Zip Code 48207-5005	
Purpose of Disbursement Communication Consulting	Category/Type <b>001</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1300.00</b>
<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 20 OF 28	
	<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)  
**Morton for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tamekia Ashford</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2014
Mailing Address 3320 Spinnaker Ln Apt 11B		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNH2D9RV8M3</b>
City Detroit	State MI	
Zip Code 48207-5005	Purpose of Disbursement Communication Consulting	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. Ashley Enterprises</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2014
Mailing Address 28475 Everett		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : VNH2D9RETR2</b>
City Southfield	State MI	
Zip Code 48076-3023	Purpose of Disbursement Administrative Consulting	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>c. Ashley Enterprises</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2014
Mailing Address 28475 Everett		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : VNH2D9RV8R5</b>
City Southfield	State MI	
Zip Code 48076-3023	Purpose of Disbursement Administrative Consulting	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1700.00
<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 21 OF 28	
	<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)  
**Morton for Congress**

Full Name (Last, First, Middle Initial) <b>A. CBS Outdoor</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 88 Custer St		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : VNH2D9RKJ13</b>
City Detroit	State MI	
Zip Code 48202-3106	Purpose of Disbursement Billboard	Category/ Type 004
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:	

Full Name (Last, First, Middle Initial) <b>B. Destiny Business Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 415 E Grand Blvd		Amount of Each Disbursement this Period 1200.00 <b>Transaction ID : VNH2D9RET70</b>
City Detroit	State MI	
Zip Code 48207-3618	Purpose of Disbursement Advertising - Print	Category/ Type 004
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:	

Full Name (Last, First, Middle Initial) <b>C. Destiny Business Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 415 E Grand Blvd		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : VNH2D9RV8H9</b>
City Detroit	State MI	
Zip Code 48207-3618	Purpose of Disbursement Advertising - Print	Category/ Type 004
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4500.00
<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 22 OF 28	
	<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)  
**Morton for Congress**

Full Name (Last, First, Middle Initial) <b>A. Detroit Chamber</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 1 Woodward Ave		Amount of Each Disbursement this Period 2350.00
City Detroit	State MI	
Zip Code 48226-3402	Purpose of Disbursement Travel	<b>Transaction ID : VNH2D9REW66</b>
Candidate Name	002 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)	2014 Mackinac Policy Conference
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Expedia</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 333 108th Ave NE		Amount of Each Disbursement this Period 1784.51
City Bellevue	State WA	
Zip Code 98004-5703	Purpose of Disbursement Travel	<b>Transaction ID : VNH2D9REW58</b>
Candidate Name	002 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>c. Eye to Eye Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 600 River Place Dr Apt 6608		Amount of Each Disbursement this Period 815.00
City Detroit	State MI	
Zip Code 48207-5025	Purpose of Disbursement Printing	<b>Transaction ID : VNH2D9REV47</b>
Candidate Name	006 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4949.51
<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 23 OF 28	
	<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)  
**Morton for Congress**

Full Name (Last, First, Middle Initial) <b>A. Vincent Mazzola</b>		Date of Disbursement MM / DD / YYYY 03 / 07 / 2014
Mailing Address 1635 W Hancock St		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNH2D9REVV7</b>
City Detroit	State MI	
Zip Code 48208-2209	Purpose of Disbursement Internet Consulting	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. Mission Point Resort</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address One Lakeshore Drive		Amount of Each Disbursement this Period 1020.90 <b>Transaction ID : VNH2D9REW73</b>
City Mackinac Island	State MI	
Zip Code 49757	Purpose of Disbursement Travel	Category/ Type 002
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:	

Full Name (Last, First, Middle Initial) <b>c. Maurice Morton</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2014
Mailing Address 2985 E Jefferson Ave		Amount of Each Disbursement this Period 5253.00 <b>Transaction ID : VNJ1NCMTT511</b>
City Detroit	State MI	
Zip Code 48207-4288	Purpose of Disbursement Advances for flyers, t-shirts, campaign design, postage, supplies, food and beverages	Category/ Type
Candidate Name <b>Maurice Morton</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Primary 2014	State: MI District: 14	<b>[MEMO ITEM]</b> * In-Kind Received

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1520.90
<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 24 OF 28			
	<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)  
**Morton for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP Van, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 1900.00 <b>Transaction ID : VNH2D9RET54</b>
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Database Services Candidate Name Category/Type 001	
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>B. NGP Van, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : VNH2D9RNRX2</b>
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement List Acquisition Candidate Name Category/Type 001	
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>c. Carlton R Orse</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 1 Williamsburg Towne St Ste 100		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : VNH2D9RN0K3</b>
City Southfield State MI Zip Code 48075-3467	Purpose of Disbursement Political Strategy Consulting Candidate Name Category/Type 001	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4900.00
<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 25 OF 28	
	<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)  
**Morton for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sandler, Reiff, Young &amp; Lamb, P.C.</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014	
Mailing Address 1025 Vermont Ave NW Ste 300			Amount of Each Disbursement this Period 250.00	
City Washington	State DC	Zip Code 20005-6302	Transaction ID : VNH2D9RETG9	
Purpose of Disbursement Legal Fee		Category/Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>B. Sandler, Reiff, Young &amp; Lamb, P.C.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 1025 Vermont Ave NW Ste 300			Amount of Each Disbursement this Period 500.00	
City Washington	State DC	Zip Code 20005-6302	Transaction ID : VNH2D9RMMR7	
Purpose of Disbursement Legal Fee		Category/Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>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:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	19620.41

**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)  
**Morton for Congress**

Transaction ID : **VNJ1NCMTT27L**

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

**[PERSONAL FUNDS]**

Election: 2014

**Maurice Morton**

Primary

General

Other (specify) ▼

Mailing Address

2985 E Jefferson Ave

City

State

ZIP Code

Detroit

MI

48207-4288

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

01

21

2014

none

none

% (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)  
**Morton for Congress**

Transaction ID : **VNJ1NCMK207L**

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

**[PERSONAL FUNDS]**

Election: 2014

**Maurice Morton**

Primary

General

Other (specify) ▼

Mailing Address

2985 E Jefferson Ave

City

State

ZIP Code

Detroit

MI

48207-4288

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

M 03 / D 31 / Y 2014 Y

Date Due

M M / D D / Y none Y Y

Interest Rate

none % (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)..... ▶

20000.00

**TOTALS** This Period (last page in this line only)..... ▶

21500.00

**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)

**Morton for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Maurice Morton</b>		Nature of Debt (Purpose): Advances for flyers, t-shirts, campaign design, postage, supplies, food and beverages
Mailing Address 2985 E Jefferson Ave		
City State Zip Code Detroit MI 48207-4288		

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : VNF3X9H9CA9</b>	
Amount Incurred This Period <input type="text" value="5253.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5253.00"/>

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) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="5253.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="5253.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="21500.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="26753.00"/>