

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

Dr. Morel for Congress

ADDRESS (number and street) (Check if address
is changed)

3615 Dove Meadow Trl

Fayetteville
CITY ▲NC
STATE ▲28306
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

morel4congress@gmail.com

Optional Second E-Mail Address
medx2b@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

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2. DATE / / 3. FEC IDENTIFICATION NUMBER ► 4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Turbayfill, Joshua, , ,Signature of Treasurer Turbayfill, Joshua, , ,

[Electronically Filed]

Date

<input type="text" value="03"/>	/	<input type="text" value="11"/>	/	<input type="text" value="2022"/>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Morel, Jessica, , ,

Candidate Party Affiliation

REP

Office Sought:

House

Senate

President

State

NC

District

13

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

 In addition, this committee is a Lobbyist/Registrant PAC.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

 In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)**Joint Fundraising Representative:**

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C

2. FEC ID number C

3. FEC ID number C

4. FEC ID number C

Write or Type Committee Name

Dr. Morel for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY					STATE		ZIP CODE		

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Turbuffill, Joshua, , ,		
Mailing Address	3615 Dove Meadow Trl		
	Fayetteville	NC	28306
Title or Position	CITY	STATE	ZIP CODE

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Turbyfill, Joshua, , ,		
Mailing Address	3615 Dove Meadow Trl [REDACTED]		
<div style="display: flex; justify-content: space-between;"> Fayetteville NC 28306 - </div>			
CITY		STATE	ZIP CODE
Title or Position Treasurer	214	674	2051

Full Name of
Designated
Agent

Morel, Jessica, , ,

Mailing Address

3615 Dove Meadow Trl

Fayetteville

CITY

NC

28306

STATE

ZIP CODE

Title or Position
Asst. Treasurer

Telephone number

860 - 944 - 8908

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Truist

Mailing Address

300 Rowan St

Fayetteville

CITY

NC

28301

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE