

**FEC FORM 3**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED

2014 11 05 AM 10:16

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12 FEB 4 4 55 PM '14  
FEC MAIL CENTER

Dr. Jean L. Enright for Congress

ADDRESS (number and street) P.O. Box 30232

Check if different than previously reported. (ACC)

Palm Beach Gardens FL 33420

2. FEC IDENTIFICATION NUMBER C00549238  
3. IS THIS REPORT X NEW (N) OR AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
FL 20

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
April 15 Quarterly Report (Q1)  
X 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 08' 26' 2014 in the State of FL

(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 04' 01' 2014 through 06' 30' 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 Regina Williams

Signature of Treasurer [Signature] Date 07' 10' 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.

Office Use Only [Grid] FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Dr. Jean L. Enright for Congress

Report Covering the Period: From:

04' 01' 2014

To:

06' 30' 2014

**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)) ....

11,273.51

(b) Total Contribution Refunds  
(from Line 20(d)) .....

28.35

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

11,245.16

**7. Net Operating Expenditures**

(a) Total Operating Expenditures  
(from Line 17) .....

25,098.20

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

0.00

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

25,098.20

**8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....**

5,162.45

**9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....**

0.00

**10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....**

2,500.00

**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)

Page 3

Write or Type Committee Name

Dr. Jean L. Enright for Congress

Report Covering the Period: From: 04'01'2014 To: 06'30'2014

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

11,273.51

35,755.16

(ii) Unitemized.....

00.00

(iii) TOTAL of contributions from individuals ▶

(b) Political Party Committees.....

00.00

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

11,273.51

35,755.16

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

(b) All Other Loans.....

2,500.00

2,500.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

2,500.00

2,500.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

13,773.51

38,255.16

11011001-1115

**DETAILED SUMMARY PAGE  
of Disbursements**

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Election Cycle-to-Date**

- 17. OPERATING EXPENDITURES.....
- 18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES.....
- 19. LOAN REPAYMENTS:
  - (a) Of Loans Made or Guaranteed  
by the Candidate.....
  - (b) Of All Other Loans.....
  - (c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....
- 20. REFUNDS OF CONTRIBUTIONS TO:
  - (a) Individuals/Persons Other  
Than Political Committees.....
  - (b) Political Party Committees.....
  - (c) Other Political Committees  
(such as PACs).....
  - (d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....
- 21. OTHER DISBURSEMENTS.....
- 22. TOTAL DISBURSEMENTS  
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

25,098.20

0

0

0

0

0

0

0

0

25,098.20

,

**III. CASH SUMMARY**

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

16,486.54

13,773.51

30,260.05

25,098.05

5,162.45

**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 / OF / 4

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

A. Warn, Robert S.

Mailing Address

17 Dennis Street

City State Zip Code

West Palm Beach, FL 33404

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

, 300.00

Date of Receipt

04 15 2014

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Teeters, Cindy Lou

Mailing Address

440 Sunrise Way

City State Zip Code

Juno Beach, FL 33408

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-employed

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

, 500.00

Date of Receipt

04 23 2014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Whigham, Wanda

Mailing Address

2730 Foxhill Drive West

City State Zip Code

West Palm Beach, FL 33417

FEC ID number of contributing federal political committee.

C

Name of Employer

Holland & Knight

Occupation

Attorney

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

, 250.00

Date of Receipt

04 29 2014

Amount of Each Receipt this Period

250.00

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 14

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

Andre Rolle

Mailing Address

1309 West 23rd Street

City

Riviera Beach

State

FL

Zip Code

33404

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employer

Occupation

builder

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

, , 100.00

Date of Receipt

05 / 01 / 2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Anderson, Joseph Sr.

Mailing Address

1320 West 10th Street

City

West Palm Beach

State

FL

Zip Code

33404

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

, , 40.00

Date of Receipt

05 / 02 / 2014

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

Dalauro, Ferinando

Mailing Address

143 Bamboo Road

City

Palm Beach Shores

State

FL

Zip Code

33404

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

, , 100.00

Date of Receipt

05 / 06 / 2014

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 14

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

A. Royo, Linda Carmen

Mailing Address

1316 N.W. 127<sup>th</sup> Drive

City

Sunrise, FL

State

Zip Code

33323

Date of Receipt

05 08 2014

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

750.00

Name of Employer

Homemaker

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

, 1,250.00

Full Name (Last, First, Middle Initial)

B. McGee, Christine M.

Mailing Address

11050 SW 23<sup>rd</sup> Street

City

Davie, FL

State

Zip Code

33324

Date of Receipt

05 08 2014

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

750.00

Name of Employer

Homemaker

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

, 1,250.00

Full Name (Last, First, Middle Initial)

C. Reed, Robin Goldman

Mailing Address

11060 S.W. 23<sup>rd</sup> Street

City

Davie, FL

State

Zip Code

33324

Date of Receipt

05 08 2014

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

750.00

Name of Employer

Homemaker

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

, 750.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input 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)  
Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial) A. <u>Lee, Kenneth A.</u>		Date of Receipt <u>05 08 2014</u>
Mailing Address <u>212 Saint Charles Court</u>		Amount of Each Receipt this Period <u>25.00</u>
City <u>Jupiter</u>	State Zip Code <u>FL 33477</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>25.00</u>
Name of Employer <u>Retired</u>	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <u>, , 25.00</u>	

Full Name (Last, First, Middle Initial) B. <u>Eryou, N.D.</u>		Date of Receipt <u>05 14 2014</u>
Mailing Address <u>900 10th Street S.</u>		Amount of Each Receipt this Period <u>250.00</u>
City <u>Naples</u>	State Zip Code <u>FL 34102</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>250.00</u>
Name of Employer <u>self-employed</u>	Occupation <u>engineer</u>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <u>, , 250.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Smith, Stubbs April</u>		Date of Receipt <u>05 17 2014</u>
Mailing Address <u>23128 Timber Creek Lane</u>		Amount of Each Receipt this Period <u>35.00</u>
City <u>Clarksburg</u>	State Zip Code <u>MD 20871</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>35.00</u>
Name of Employer <u>U.S. Government</u>	Occupation <u>Public Health Services</u>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <u>, , 35.00</u>	

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



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

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

FOR LINE NUMBER: PAGE 5 OF 14

(check only one):

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Dr. Jean L. Enright for Congress**

**A. Enterprise Rent-A-Car**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**500 Northlake Blvd.**

City **Lake Park**, State **FL** Zip Code **33408**

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

Name of Employer **Refund for Rent-A-car** Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**28,35**

Date of Receipt  
**06 06 2014**

Amount of Each Receipt this Period  
**28.35**

**B. Ruby H. Landfair**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**P.O. 32455**

City **Palm Beach Gardens**, State **FL** Zip Code **33420**

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

Name of Employer **Retired** Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2,500.00**

Date of Receipt  
**06 11 2014**

Amount of Each Receipt this Period  
**2,500.00**  
**Loan**

**C. Anderson, Joseph Jr.**

Full Name (Last, First, Middle Initial)  
Mailing Address  
**331 West 16th Way**

City **Riviera Beach**, State **FL** Zip Code **33404**

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

Name of Employer **self** Occupation **Contractor**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**930.00**

Date of Receipt  
**06 11 2014**

Amount of Each Receipt this Period  
**730.00**

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial) A. <u>Enright, Jean L.</u>		Date of Receipt <u>06 11 2014</u>
Mailing Address <u>P.O. Box 30232</u>		Amount of Each Receipt this Period <u>500.00</u>
City <u>Palm Beach Gardens, FL</u>	State Zip Code <u>33420</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>500.00</u>
Name of Employer <u>Candidate</u>	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <u>, 500.00</u>	

Full Name (Last, First, Middle Initial) B. <u>Thomas, Ruby</u>		Date of Receipt <u>06 11 2014</u>
Mailing Address <u>P.O. Box</u>		Amount of Each Receipt this Period <u>20.00</u>
City <u>Palm Beach Gardens, FL</u>	State Zip Code <u>33420</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>20.00</u>
Name of Employer <u>Retired</u>	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <u>, 20.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Santamaria, Victoria J.</u>		Date of Receipt <u>06 11 2014</u>
Mailing Address <u>255 Ponderosa Court</u>		Amount of Each Receipt this Period <u>1,000.00</u>
City <u>Royal Palm Beach, FL</u>	State Zip Code <u>33411</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>1,000.00</u>
Name of Employer <u>self-employed</u>	Occupation <u>Realtor</u>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <u>, 1,000.00</u>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 7 OF 14
	<input 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)  
**Dr. Jean L. Enright for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gehring, Klif Jon</b>		Date of Receipt <b>06 11 2014</b>
Mailing Address <b>334 Jacaranda Drive</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>Jupiter</b>	State Zip Code <b>FL 33458</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>.700.00</b>
Name of Employer <b>self-employed</b>	Occupation <b>insurance agent</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B. Anderson, Joseph Jr.</b>		Date of Receipt <b>06 12 2014</b>
Mailing Address <b>331 West 16th Way</b>		Amount of Each Receipt this Period <b>1,000.00</b>
City <b>Riviera Beach,</b>	State Zip Code <b>FL 33404</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1,930.00</b>
Name of Employer <b>self-employed</b>	Occupation <b>contractor</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C. Enright, Jean L.</b>		Date of Receipt <b>06 12 2014</b>
Mailing Address <b>P.O. Box 30232</b>		Amount of Each Receipt this Period <b>500.00</b>
City <b>Palm Beach Gardens,</b>	State Zip Code <b>FL 33420</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1,000.00</b>
Name of Employer <b>Candidate</b>	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	
<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 14

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

Salamon Burgess

Date of Receipt

06 12 2014

A.

Mailing Address

425 Avenue T

City

Riviera Beach, FL 33404

Amount of Each Receipt this Period

100.00

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

contractor

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

Enright, Jean L.

Date of Receipt

06 23 2014

B.

Mailing Address

P.O. Box 30232

City

Palm Beach Gardens, FL 33420

Amount of Each Receipt this Period

650.00

FEC ID number of contributing federal political committee.

C

Name of Employer

candidate

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

1,650.00

Full Name (Last, First, Middle Initial)

Enright, Shayla

Date of Receipt

06 23 2014

C.

Mailing Address

P.O. Box 626

City

Boca Raton FL 33429

Amount of Each Receipt this Period

200.00

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

student

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

205.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <b>PAGE 9 OF 14</b>				
	(check only one)	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Dr. Jean L. Enright for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dillard, Janice L.**

Mailing Address  
**11100 N.W. 23rd Ct.**

City **Coral Springs, FL** State **FL** Zip Code **33065**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
**, 200-00**

Date of Receipt  
**06 29 2014**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Gibson, Vernice Y**

Mailing Address  
**514 N.W. 3rd Avenue**

City **Deerfield Beach, FL** State **FL** Zip Code **33441**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
**, 10.00**

Date of Receipt  
**06 29 2014**

Amount of Each Receipt this Period  
**10.00**

**C.** Full Name (Last, First, Middle Initial)  
**Alphanso McCoy**

Mailing Address  
**6100 South Falls Circle Drive**

City **Lauderhill, Florida** State **FL** Zip Code **33319**

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

Name of Employer **Retired** Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
**, , .**

Date of Receipt  
**06 29 2014**

Amount of Each Receipt this Period  
**34.00**

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

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

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

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

FOR LINE NUMBER:

PAGE 10 OF 14

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

A. Clark, Idella

Mailing Address

1331 East Washington Street

City State Zip Code

Muncie, IN 47305

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

, 300.00

Date of Receipt

06 29 2014

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Morris, Arthur

Mailing Address

19 Ridge Run SE

City State Zip Code

Marietta, GA 30067

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

, 300.00

Date of Receipt

06 29 2014

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Heyward, Albert

Mailing Address

City State Zip Code

Royal Palm Beach, FL 334

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

, 900.00

Date of Receipt

06 30 2014

Amount of Each Receipt this Period

900.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 11 OF 14
	<input 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)  
Dr. Jean L. Enright for Congress

A. Full Name (Last, First, Middle Initial)  
Enright, Jean L.

Mailing Address  
P.O. Box 30232

City Palm Beach Gardens, FL State FL Zip Code 33420

FEC ID number of contributing federal political committee. C

Name of Employer Candidate Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4,250.00

Date of Receipt  
06 30 2014

Amount of Each Receipt this Period  
2,600.00

B. Full Name (Last, First, Middle Initial)  
Sheffield, Nadine

Mailing Address  
700 South Mangonia Circle

City West Palm Beach, FL State FL Zip Code 33401

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
.850.00

Date of Receipt  
06 30 2014

Amount of Each Receipt this Period  
500.00

C. Full Name (Last, First, Middle Initial)  
Anderson, Joseph Sr.

Mailing Address  
1320 West 10th Street

City West Palm Beach, FL State FL Zip Code 33404

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
.240.00

Date of Receipt  
06 30 2014

Amount of Each Receipt this Period  
200.00

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

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

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.....

**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 14

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

Enright, Jean L

A.

Mailing Address

P.O. Box 30232

City State Zip Code

Palm Beach Gardens, FL 33420

FEC ID number of contributing federal political committee.

C

Name of Employer

Candidate

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

, 4,750.00

Date of Receipt

06 30 2014

Amount of Each Receipt this Period

560.00

Full Name (Last, First, Middle Initial)

Roberson Claudette

B.

Mailing Address

5337 Newport Road

City State Zip Code

Pickens, MS 39146

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-employed

Occupation

Baby sitter

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

06 30 2014

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

Horton, Walter

C.

Mailing Address

P.O. Box 1064

City State Zip Code

Shelby, Mississippi 38774

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

, 250.00

Date of Receipt

06 30 2014

Amount of Each Receipt this Period

250.00

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

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



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

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

FOR LINE NUMBER: PAGE 13 OF 14

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**Dr. Jean L. Enright for Congress**

Full Name (Last, First, Middle Initial)  
A. **Griggs, Daisy**

Mailing Address  
**4989 Horizon Drive**

City **Richmond Heights, OH** State **OH** Zip Code **44143**

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

Name of Employer **Retired** Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
**06' 30' 2014**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
B. **Weinroth, Robert**

Mailing Address  
**951 Brkn. SND Parkway NW.**

City **Boca Raton** State **FL** Zip Code **33433**

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

Name of Employer **City of Boca Raton** Occupation **Comissioner**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
**06' 30' 2014**

Amount of Each Receipt this Period  
**500.00**  
**Inkind for Clear Channel Signs**

Full Name (Last, First, Middle Initial)  
C. **Enright, Jean L.**

Mailing Address  
**P.O. Box 30232**

City **Palm Beach Gardens, FL** State **FL** Zip Code **33420**

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

Name of Employer **Candidate** Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
**06' 30' 2014**

Amount of Each Receipt this Period  
**1,211.00**  
**Meet and Greet Inkind for Tamarac Cafe Diner**

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

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

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.....

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

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

FOR LINE NUMBER: PAGE 14 OF 14

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/>

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NAME OF COMMITTEE (In Full)  
Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)  
Jean L. Enright

A. Mailing Address  
P.O. Box 30232

City Palm Beach Gardens, FL State FL Zip Code 33420

FEC ID number of contributing federal political committee. C

Name of Employer candidate Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6.17.14

Date of Receipt  
06 30 2014

Amount of Each Receipt this Period  
201.40

In Kind for  
Banner - Fast Signs

Full Name (Last, First, Middle Initial)

B. 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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. 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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

Amount of Each Receipt this Period

**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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

PAGE 1 OF 22

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NAME OF COMMITTEE (In Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

**A.** Station - Race Trac 562

Mailing Address: 2995 45th Street

City: West Palm Beach, FL State: FL Zip Code: 33407

Purpose of Disbursement: Travel - gas to attend meetings

Candidate Name: Dr. Jean L. Enright

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: FL District: 20

Date of Disbursement: 04 01 2014

Amount of Each Disbursement this Period: 45,00

**B.** Redemptive Life Fellowship

Mailing Address: 2101 N. Australian Avenue

City: West Palm Beach, FL State: FL Zip Code: 33407

Purpose of Disbursement: Donation

Candidate Name: Dr. Jean L. Enright

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: FL District: 20

Date of Disbursement: 04 01 2014

Amount of Each Disbursement this Period: 200.00

**C.** BP Gas Station

Mailing Address: Military Trail

City: West Palm Beach, FL State: FL Zip Code: 33407

Purpose of Disbursement: Travel - gas

Candidate Name: Dr. Jean L. Enright

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: FL District: 20

Date of Disbursement: 04 03 2014

Amount of Each Disbursement this Period: 40.00

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE **2** OF **22**

17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

**A.** Goodway Printing  
Mailing Address 101 East Blue Heron Blvd.  
City Riviera Beach State FL Zip Code 33  
Purpose of Disbursement Copies  
Candidate Name \_\_\_\_\_  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
State: FL District: 20

Date of Disbursement

04 03 2014

Amount of Each Disbursement this Period

26.50

Category/  
Type

Full Name (Last, First, Middle Initial)

**B.** Supervisor of Elections Palm Beach County  
Mailing Address 240 S. Military Trail  
City West Palm Beach State FL Zip Code 33415  
Purpose of Disbursement maps / CD petitions  
Candidate Name \_\_\_\_\_  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
State: FL District: 20

Date of Disbursement

04 04 2014

Amount of Each Disbursement this Period

138.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.** Supervisor of Elections Palm Bch County  
Mailing Address 240 S. Military Trail  
City West Palm Bch State FL Zip Code 33415  
Purpose of Disbursement petitions  
Candidate Name \_\_\_\_\_  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
State: FL District: 20

Date of Disbursement

04 04 2014

Amount of Each Disbursement this Period

43.80

Category/  
Type

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 22

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

A. Supervisor of Elections Palm Beach County		Date of Disbursement
Mailing Address 240 S. Military Trail		04 04 2014
City West Palm Bch	State FL	Zip Code 33415
Purpose of Disbursement petitions		Amount of Each Disbursement this Period 32.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

B. Supervisor of Elections Palm Beach County		Date of Disbursement
Mailing Address 240 S. Military Trail		04 04 2014
City West Palm Bch	State FL	Zip Code 33415
Purpose of Disbursement petitions		Amount of Each Disbursement this Period 12.16
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

C. Jean L. Enright		Date of Disbursement
Mailing Address P.O. Box 30232		04 07 2014
City Palm Beach Gardens, FL	State FL	Zip Code 33420
Purpose of Disbursement Reimbursement for gas to travel to meetings		Amount of Each Disbursement this Period 896.45
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 20	

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 4 OF 22

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

A. <u>Reginald Shepard</u>		Date of Disbursement
Mailing Address <u>459 31st Street</u>		<u>04 11 2014</u>
City <u>Riviera Beach</u> State <u>FL</u> Zip Code <u>33404</u>		Amount of Each Disbursement this Period
Purpose of Disbursement <u>reimbursement for purchasing</u>		<u>200.00</u>
Candidate Name <u>board and nails for signs.</u>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District:		

B. <u>Ruby Thomas</u>		Date of Disbursement
Mailing Address <u>P.O. Box 32455</u>		<u>04 19 2014</u>
City <u>Palm Beach Gardens</u> State <u>FL</u> Zip Code <u>33420</u>		Amount of Each Disbursement this Period
Purpose of Disbursement <u>reimbursement for computer supplies</u>		<u>400.00</u>
Candidate Name <u>printer and fax</u>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

C. <u>Marjorie Thomas</u>		Date of Disbursement
Mailing Address <u>4308 Heath Circle South</u>		<u>04 15 2014</u>
City <u>West Palm Beach</u> State <u>FL</u> Zip Code <u>33407</u>		Amount of Each Disbursement this Period
Purpose of Disbursement <u>campaign work</u>		<u>190.00</u>
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 27

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

A. Department of State

Mailing Address  
The R.A. Gray Building - 500 S. Bronough St.

City: Tallahassee State: FL Zip Code: 32399

Purpose of Disbursement  
Qualifying fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: FL District: 20

Date of Disbursement

04 14 2014

Amount of Each Disbursement this Period

1,440.00

Category/  
Type

B. Fed Ex

Mailing Address  
7840 Central Industrial Drive

City: Riviera Beach, FL State: FL Zip Code: 33404

Purpose of Disbursement  
Sent qualifying fee to Tallahassee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: FL District:

Date of Disbursement

04 14 2014

Amount of Each Disbursement this Period

32.00

Category/  
Type

C. Fed Ex

Mailing Address  
7840 Central Industrial Drive

City: Riviera Beach, FL State: FL Zip Code: 33404

Purpose of Disbursement  
Sent papers to FEC in Washington D.C.

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: FL District: 20

Date of Disbursement

04 14 2014

Amount of Each Disbursement this Period

36.52

Category/  
Type

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 21

17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (in Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

A. Wal Mart  
 Mailing Address 4375 Belvedere Road  
 City West Palm Beach, FL State FL Zip Code 33406  
 Purpose of Disbursement Clerical supplies  
 Candidate Name \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: FL District: 20  
 Date of Disbursement 04/21/2014  
 Amount of Each Disbursement this Period 21.08  
 Category/Type \_\_\_\_\_

B. Goodway Printing  
 Mailing Address 101 East Blue Heron Blvd.  
 City Riviera Beach, FL State FL Zip Code 33404  
 Purpose of Disbursement Stationary - for meet & greet  
 Candidate Name \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: FL District: 20  
 Date of Disbursement 04/21/2014  
 Amount of Each Disbursement this Period 1,800.00  
 Category/Type \_\_\_\_\_

C. Jennifer Alaways  
 Mailing Address 6003 S.W. 19th Street  
 City N. Lauderdale, FL State FL Zip Code 33068  
 Purpose of Disbursement Reimbursement for six campaign events  
 Candidate Name food.  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: FL District: \_\_\_\_\_  
 Date of Disbursement 04/21/2014  
 Amount of Each Disbursement this Period 2,000.00  
 Category/Type \_\_\_\_\_

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

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



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 22

<input 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)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

A. Dixie Printing & Letterpress, Inc.		Date of Disbursement
Mailing Address 504 24th Street Suite 1		04 17 2014
City State Zip Code West Palm Beach, FL 33407		Amount of Each Disbursement this Period
Purpose of Disbursement Printing - Campaign flyers		625.40
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

B. BP - Gas - Chris Martorano		Date of Disbursement
Mailing Address East Blue Heron Blvd. - 2520 Broadway		04 21 2014
City State Zip Code Riviera Beach, FL 33404		Amount of Each Disbursement this Period
Purpose of Disbursement Travel - gas to meetings		45.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

C. BP - Gas - Chris Martorano		Date of Disbursement
Mailing Address East Blue Heron Blvd. - 2520 Broadway		04 21 2014
City State Zip Code Riviera Beach FL 33404		Amount of Each Disbursement this Period
Purpose of Disbursement gas to travel to events		2.36
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 20		

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE **8** OF **22**

<input 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)

**Dr. Jean L. Enright for Congress**

Full Name (Last, First, Middle Initial)

<p><b>A. Goodway Printing</b></p> <p>Mailing Address: <b>101 East Blue Heron Blvd.</b></p> <p>City: <b>Riviera Beach, FL</b> State: <b>FL</b> Zip Code: <b>33404</b></p> <p>Purpose of Disbursement: <b>copies</b></p> <p>Candidate Name: _____</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <b>FL</b> District: <b>20</b></p>		<p>Date of Disbursement: <b>04/21/2014</b></p> <p>Amount of Each Disbursement this Period: <b>4.00</b></p> <p>Category/Type: _____</p>
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<p><b>B. Clear Bags</b></p> <p>Mailing Address: <b>4949 Windplay Drive Suite 100</b></p> <p>City: <b>El Dorado Hills, CA</b> State: <b>CA</b> Zip Code: <b>95762</b></p> <p>Purpose of Disbursement: <b>bags for campaign flyers</b></p> <p>Candidate Name: _____</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <b>FL</b> District: <b>20</b></p>		<p>Date of Disbursement: <b>04/22/2014</b></p> <p>Amount of Each Disbursement this Period: <b>243.48</b></p> <p>Category/Type: _____</p>
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<p><b>C. Marjorie Thomas</b></p> <p>Mailing Address: <b>4308 Heath Circle South</b></p> <p>City: <b>West Palm Beach, FL</b> State: <b>FL</b> Zip Code: _____</p> <p>Purpose of Disbursement: <b>Reimbursement for postage</b></p> <p>Candidate Name: _____</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <b>FL</b> District: <b>20</b></p>		<p>Date of Disbursement: <b>04/28/2014</b></p> <p>Amount of Each Disbursement this Period: <b>50.00</b></p> <p>Category/Type: _____</p>
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SUBTOTAL of Disbursements This Page (optional).....

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE **9** OF **22**

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Dr. Jean L. Enright for Congress**

Full Name (Last, First, Middle Initial)

<p><b>A. Ruby Thomas</b></p> <p>Mailing Address: <b>P.O. Box 32455</b></p> <p>City: <b>Palm Beach Gardens, FL</b> State: <b>FL</b> Zip Code: <b>33420</b></p> <p>Purpose of Disbursement: <b>Reimbursement for postage</b></p> <p>Candidate Name: _____</p>		<p>Date of Disbursement: <b>04/28/2014</b></p> <p>Amount of Each Disbursement this Period: <b>155.00</b></p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: _____ District: _____</p>	<p>Category/Type</p>	

<p><b>B. Act Blue Technical Services</b></p> <p>Mailing Address: <b>366 Summer Street</b></p> <p>City: <b>Somerville, MA</b> State: <b>MA</b> Zip Code: <b>02144</b></p> <p>Purpose of Disbursement: <b>Service fee</b></p> <p>Candidate Name: _____</p>		<p>Date of Disbursement: <b>04/29/2014</b></p> <p>Amount of Each Disbursement this Period: <b>9.88</b></p>
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <b>FL</b> District: <b>20</b></p>	<p>Category/Type</p>	

<p><b>C. Wells Fargo Bank</b></p> <p>Mailing Address: <b>1100 E. Blue Heron Blvd.</b></p> <p>City: <b>Riviera Beach, FL</b> State: <b>FL</b> Zip Code: <b>33404</b></p> <p>Purpose of Disbursement: <b>service fee monthly</b></p> <p>Candidate Name: _____</p>		<p>Date of Disbursement: <b>04/30/2014</b></p> <p>Amount of Each Disbursement this Period: <b>5.00</b></p>
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <b>FL</b> District: <b>20</b></p>	<p>Category/Type</p>	

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 22

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

A. <u>Broward County Supervisor of Elections</u>		Date of Disbursement
Mailing Address <u>115 S. Andrews Avenue Suite 102</u>		<u>05</u> / <u>01</u> / <u>2014</u>
City	State	Zip Code
<u>Ft. Lauderdale, FL</u>	<u>FL</u>	<u>33301</u>
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
<u>maps, CDs</u>		<u>137.50</u>
Candidate Name		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

B. <u>Jennifer Alaways</u>		Date of Disbursement
Mailing Address <u>6003 S.W. 19th St.</u>		<u>05</u> / <u>02</u> / <u>2014</u>
City	State	Zip Code
<u>N. Lauderdale, FL</u>	<u>FL</u>	<u>33068</u>
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
<u>Reimbursement for campaign event food</u>		<u>1,000.00</u>
Candidate Name		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

C. <u>Gas-Race Trac Station</u>		Date of Disbursement
Mailing Address <u>Boynton Beach Blvd.</u>		<u>05</u> / <u>05</u> / <u>2014</u>
City	State	Zip Code
<u>Boynton Beach, FL</u>	<u>FL</u>	<u>33</u>
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
<u>Gas for travel</u>		<u>45.00</u>
Candidate Name		
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE // F 22

<input 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)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

**A.** Broward County Supervisor of Elections

Mailing Address  
115 S. Andrews Avenue Suite 102

City Ft. Lauderdale, FL State FL Zip Code 33301

Purpose of Disbursement  
maps, CD's of voter list

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: FL District: 20

Date of Disbursement

05 / 09 / 2014

Amount of Each Disbursement this Period

92.50

**B.** BP Station -

Mailing Address  
2500 Broadway

City Riviera Beach, FL State FL Zip Code 33404

Purpose of Disbursement  
gas

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: FL District: 20

Date of Disbursement

05 / 12 / 2014

Amount of Each Disbursement this Period

40.00

**C.** Reginald Shepard

Mailing Address  
459 31st Street

City Riviera Beach, FL State FL Zip Code 33404

Purpose of Disbursement  
campaign work

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: FL District: 20

Date of Disbursement

05 / 14 / 2014

Amount of Each Disbursement this Period

175.00

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE <u>12</u> OF <u>22</u>			
	<input 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)  
Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial) <u>A. Goodway Printing</u>		Date of Disbursement <u>05'14'2014</u>
Mailing Address <u>101 East Blue Heron Blvd.</u>		Amount of Each Disbursement this Period <u>225.00</u>
City <u>Riviera Beach</u>	State <u>FL</u>	
Zip Code <u>33404</u>		Category/ Type
Purpose of Disbursement <u>Copies, printing</u>		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

Full Name (Last, First, Middle Initial) <u>B. Kings Point Democrat Club</u>		Date of Disbursement <u>05'15'2014</u>
Mailing Address <u>7620 Nob Hill Road</u>		Amount of Each Disbursement this Period <u>255.00</u>
City <u>Tamarac</u>	State <u>FL</u>	
Zip Code <u>33321</u>		Category/ Type
Purpose of Disbursement <u>Full page ad</u>		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

Full Name (Last, First, Middle Initial) <u>C. Act Blue Technical Services</u>		Date of Disbursement <u>05'17'2014</u>
Mailing Address <u>366 Summer Street</u>		Amount of Each Disbursement this Period <u>1.89</u>
City <u>Somerville</u>	State <u>MA</u>	
Zip Code <u>02144</u>		Category/ Type
Purpose of Disbursement <u>Service fee</u>		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	
<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)			
	<input 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)  
Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial) <u>A. Chevron Station</u>		Date of Disbursement <u>05 19 2014</u>
Mailing Address <u>10175 O Keechobee Blvd.</u>		Amount of Each Disbursement this Period <u>57.47</u>
City <u>West Palm Beach, FL</u>	State <u>FL</u> Zip Code <u>33407</u>	
Purpose of Disbursement <u>Gas to attend meetings</u>	Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

Full Name (Last, First, Middle Initial) <u>B. Gas-Trace Trac Station</u>		Date of Disbursement <u>05 18 2014</u>
Mailing Address <u>2995 45th St.</u>		Amount of Each Disbursement this Period <u>38.71</u>
City <u>West Palm Beach, FL</u>	State <u>FL</u> Zip Code <u>33407</u>	
Purpose of Disbursement <u>gas for travel</u>	Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

Full Name (Last, First, Middle Initial) <u>C. Gas Station Race Trac</u>		Date of Disbursement <u>05 19 2014</u>
Mailing Address <u>2995 45th street</u>		Amount of Each Disbursement this Period <u>60.00</u>
City <u>West Palm Bch, FL</u>	State <u>FL</u> Zip Code <u>33407</u>	
Purpose of Disbursement <u>travel gas</u>	Category/ Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 22

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

A. <u>Goodway Printing</u>		Date of Disbursement
Mailing Address <u>101 East Blue Heron Blvd</u>		<u>05 19 2014</u>
City <u>Riviera Beach, FL</u> State <u>FL</u> Zip Code <u>33404</u>		Amount of Each Disbursement this Period
Purpose of Disbursement <u>Printing</u>		<u>175.00</u>
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

B. <u>BP Gas Station</u>		Date of Disbursement
Mailing Address <u>2520 Broadway</u>		<u>05 19 2014</u>
City <u>Riviera Beach, FL</u> State <u>FL</u> Zip Code <u>33404</u>		Amount of Each Disbursement this Period
Purpose of Disbursement <u>gas for travel</u>		<u>68.19</u>
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

C. <u>Regina Williams</u>		Date of Disbursement
Mailing Address <u>P.O. Box 30232</u>		<u>05 19 2014</u>
City <u>Palm Beach Gardens, FL</u> State <u>FL</u> Zip Code <u>33420</u>		Amount of Each Disbursement this Period
Purpose of Disbursement <u>Stamps -</u>		<u>180.00</u>
Candidate Name <u>Reimbursements for Stamps</u>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

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

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



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 22

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (in Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

A. <u>Chevron Gas Station</u>		Date of Disbursement
Mailing Address <u>10175 Okeechobee Blvd</u>		<u>05 20 2014</u>
City <u>West Palm Beach, FL</u>	State <u>FL</u> Zip Code <u>33409</u>	Amount of Each Disbursement this Period
Purpose of Disbursement <u>gas to travel to meetings</u>	Candidate Name	<u>30.00</u>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: <u>FL</u> District: <u>20</u>		

B. <u>Reginald Shepard</u>		Date of Disbursement
Mailing Address <u>459 31<sup>st</sup> Street</u>		<u>05 20 2014</u>
City <u>Riviera Beach, FL</u>	State <u>FL</u> Zip Code <u>33404</u>	Amount of Each Disbursement this Period
Purpose of Disbursement <u>Worker Campaign</u>	Candidate Name	<u>260.00</u>
Office Sought: <input checked="" 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)	Category/Type
State: <u>FL</u> District: <u>20</u>		

C. <u>Marjorie Thomas</u>		Date of Disbursement
Mailing Address <u>4308 Heath Circle, South</u>		<u>05 20 2014</u>
City <u>West Palm Beach, FL</u>	State <u>FL</u> Zip Code <u>33407</u>	Amount of Each Disbursement this Period
Purpose of Disbursement <u>Campaign work</u>	Candidate Name	<u>190.00</u>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type
State: <u>FL</u> District: <u>20</u>		

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial) <u>Enterprise Rent-A-Car</u>		Date of Disbursement <u>05/23/2014</u>
Mailing Address <u>North Lake Blvd.</u>		Amount of Each Disbursement this Period <u>141.00</u>
City <u>Lake Park</u>	State <u>FL</u>	
Purpose of Disbursement <u>To travel to campaign events - one week</u>		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

Full Name (Last, First, Middle Initial) <u>BP Gas Station</u>		Date of Disbursement <u>05/23/2014</u>
Mailing Address <u>2520 Broadway</u>		Amount of Each Disbursement this Period <u>65.00</u>
City <u>Riviera Beach</u>	State <u>FL</u> Zip Code <u>33404</u>	
Purpose of Disbursement <u>gas to travel to meetings</u>		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

Full Name (Last, First, Middle Initial) <u>Chevron Station</u>		Date of Disbursement <u>05/23/2014</u>
Mailing Address <u>10175 Okeechobee Blvd.</u>		Amount of Each Disbursement this Period <u>25.00</u>
City <u>West Palm Beach</u>	State <u>FL</u> Zip Code	
Purpose of Disbursement <u>gas to travel to meetings</u>		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 22

17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

A. Lighthouse Church of God in C

Date of Disbursement

05 27 2014

Mailing Address

2115 Oakland Park Blvd.

City

Ft. Lauderdale

State

FL

Zip Code

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement

Donation

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: FL

District: 20

Full Name (Last, First, Middle Initial)

B. Raymond Eneas Center

Date of Disbursement

05 27 2014

Mailing Address

2907 Oakland Park Blvd

City

Ft. Lauderdale, FL

State

Zip Code

Amount of Each Disbursement this Period

15.00

Purpose of Disbursement

Donation

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: FL

District:

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Date of Disbursement

05 30 2014

Mailing Address

1100 East Blue Heron Blvd.

City

Riviera Beach, FL 33404

State

Zip Code

Amount of Each Disbursement this Period

5.00

Purpose of Disbursement

monthly service fee

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: FL

District:

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 22

17  
20a  18  
20b  19a  
20c  19b  
21

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NAME OF COMMITTEE (in Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

A. Chevron Station

Date of Disbursement

06 02 2014

Mailing Address

10175 Okeechobee Blvd.

City

West Palm Beach, FL

State

Zip Code

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement

gas to travel to meetings

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: FL

District: 20

Full Name (Last, First, Middle Initial)

B. Citgo Gas Station

Date of Disbursement

06 04 2014

Mailing Address

5850 Okeechobee Blvd

City

West Palm Beach, FL

State

Zip Code

Amount of Each Disbursement this Period

30.00

Purpose of Disbursement

gas to travel to meetings

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: FL

District: 20

Full Name (Last, First, Middle Initial)

C. Kings Point Democrat Club

Date of Disbursement

06 09 2014

Mailing Address

7620 Nob Hill Road

City

Tamarac

State

Zip Code

FL

33321

Amount of Each Disbursement this Period

75.00

Purpose of Disbursement

Ad. for paper

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: FL

District: 20

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 22

17  
20a  18  
20b  19a  
20c  19b  
21

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NAME OF COMMITTEE (In Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

A. Tamarac Cafe Diner

Date of Disbursement

06 16 2014

Mailing Address

10052 W. McNab Road

Amount of Each Disbursement this Period

100.00

City

Tamarac

State

FL

Zip Code

33321

Purpose of Disbursement

Deposit for Meet and Gr

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: FL

District: 20

Full Name (Last, First, Middle Initial)

B. Clear Channel

Date of Disbursement

06 16 2014

Mailing Address

P.O. Box 591790

Amount of Each Disbursement this Period

6,250.00

City

San Antonio, TX

State

Zip Code

78258

Purpose of Disbursement

Signs

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: FL

District:

Full Name (Last, First, Middle Initial)

C. Supervisor of Elections Palm Beach County

Date of Disbursement

06 18 2014

Mailing Address

240 S. Military Trail

Amount of Each Disbursement this Period

10.00

City

West Palm Beach, FL 33415

State

Zip Code

Purpose of Disbursement

maps

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: FL

District: 20

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 22

<input 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)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

A. Dixie Printing & Letterpress Inc.

Mailing Address  
504 24th Street

City West Palm Beach, FL State FL Zip Code 33407

Purpose of Disbursement  
Printing flyers

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: FL District: 20

Full Name (Last, First, Middle Initial)

Date of Disbursement

06 23 2014

Amount of Each Disbursement this Period

625.40

B. Kings Point

Mailing Address  
7620 Nob Hill Road

City Tamarac, FL State FL Zip Code 33321

Purpose of Disbursement  
1/4 page Ad

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: FL District: 20

Full Name (Last, First, Middle Initial)

Date of Disbursement

06 23 2014

Amount of Each Disbursement this Period

183.00

C. Clear Bags

Mailing Address  
4949 Windplay Drive

City El Dorado Hills, CA State CA Zip Code 95762

Purpose of Disbursement  
bags for campaign flyers

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: FL District: 20

Date of Disbursement

06 23 2014

Amount of Each Disbursement this Period

222.05

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 22

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
Dr. Jean L. Enright for Congress

**A.** Party City  
 Mailing Address 6721 Okeechobee Blvd  
 City West Palm Beach State FL Zip Code \_\_\_\_\_  
 Purpose of Disbursement Name tags for Meet and G  
 Candidate Name \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: FL District: 20

Date of Disbursement 06 30 2014  
 Amount of Each Disbursement this Period 1269

**B.** Norma Goldstein  
 Mailing Address 7664 Trent Drive  
 City Tamarac State FL Zip Code 33321  
 Purpose of Disbursement Meet and Greet Reception  
 Candidate Name \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: FL District: 20

Date of Disbursement 06 30 2014  
 Amount of Each Disbursement this Period 350.00

**C.** Wells Fargo Bank  
 Mailing Address 1100 East Blue Heron Blvd.  
 City Riviera Beach State FL Zip Code 33404  
 Purpose of Disbursement monthly service fee  
 Candidate Name \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: FL District: 20

Date of Disbursement 06 30 2014  
 Amount of Each Disbursement this Period 5.00

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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PAGE 22 OF 22

17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)

Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

A. Weinroth, Robert

Mailing Address 951 BRKN SND Parkway NW

City Boca Raton, FL State FL Zip Code 33433

Purpose of Disbursement for Signs - INKind

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: FL District: 20

Date of Disbursement

06 30 2014

Amount of Each Disbursement this Period

500.00

Inkind for  
Clear Channel Signs

Full Name (Last, First, Middle Initial)

B. Jean L. Enright

Mailing Address P.O. Box 30232

City Palm Beach Gardens, FL State FL Zip Code 33420

Purpose of Disbursement Meet and Greet INKind

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: FL District: 20

Date of Disbursement

06 30 2014

Amount of Each Disbursement this Period

1,211.00

Inkind for Meet and  
Greet at Tamarac Cafe  
Dinner

Full Name (Last, First, Middle Initial)

C. Jean L. Enright

Mailing Address P.O. Box 30232

City Palm Beach Gardens, FL State FL Zip Code 33420

Purpose of Disbursement Banner from Fast Signs

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: FL District: 20

Date of Disbursement

06 30 2014

Amount of Each Disbursement this Period

201.40

Inkind for  
Banner from  
Fast Signs

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

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



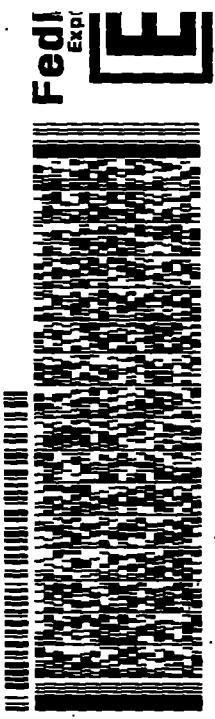
SHIP DATE: 14 JUL 14  
ACT WT: 0.5 LB  
CAD: POSISO  
DIMS: 0X0X0 IN  
BILL SENDER

ORIGIN ID: PBIA

UNITED STATES US

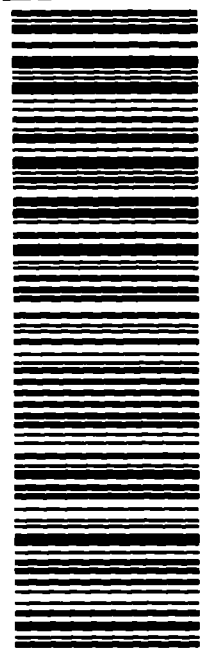
FEDERAL ELECTION COMM  
999 E ST NW  
WASHINGTON DC 20463

REF: (800) 424-9630  
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TUE - 15 JUL 10:30  
PRIORITY OVERNIGHT  
204  
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No  Shipper's Declaration not required.

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2014 JUL 14

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1 From Date 07/14/2014

Sender's Name Dr. Jean L. Enright Phone 561 452-2360

Company for Congress

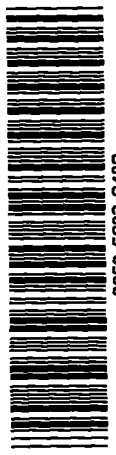
Address P.O. Box 30232

City Palm Beach Gardens, FL ZIP 33420

2 Your Internal Billing Reference

3 To Recipient's Name Federal Election Commission

Address 999 E Street N.W.  
City Washington, D.C. State ZIP 20463




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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date: <i>7/14/14</i>
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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(8/2013)