

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 APR 15 AM 11:56

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 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 00549238 3. IS THIS REPORT NEW OR AMENDED X (N) (A) CITY STATE ZIP CODE STATE DISTRICT FL 20

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X 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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 01/01/2014 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 Regina Williams Signature of Treasurer [Signature] Date 04/11/2014

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 table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

14031214189

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Dr. Jean L. Enright for Congress

Report Covering the Period:

From:

01/01/2014

To:

03/31/2014

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))	550.00	24,510.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	00.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	550.00	24,510.00

7. Net Operating Expenditures

(a) Total Operating Expenditures (from Line 17)	4,367.50	8,523.46
(b) Total Offsets to Operating Expenditures (from Line 14)	250.00	250.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	4,117.50	8,273.46

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

16,486.54

**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)**

0.00

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14931214190

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: 01 01 2014 To: 03 31 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) 5,500.00 23,010.10

(ii) Unitemized 0.00 0.00

(iii) TOTAL of contributions from individuals 0.00 0.00

(b) Political Party Committees 0.00 500.00

(c) Other Political Committees (such as PACs) 0.00 1,000.00

(d) The Candidate 0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) 5,500.00 24,510.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00 0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate 0.00 0.00

(b) All Other Loans 0.00 0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)) 0.00 0.00

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

250.00 250.00

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

00.00 0.00

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

800.00 24,760.00

14031214191

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	4,117.50	8,273.46
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	4,117.50	8,273.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	19,804.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	800.00
25. SUBTOTAL (add Line 23 and Line 24).....	20,604.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4,117.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	16,486.54

14031214192

**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
<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

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

A. Full Name (Last, First, Middle Initial)
Mt. Olive Missionary Baptist Church

Mailing Address
3700 Avenue O

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

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

Name of Employer
returned money for ad not put in booklet*

Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
01'27'2014

Amount of Each Receipt this Period
250.00

250.00

B. Full Name (Last, First, Middle Initial)
Justine F. Postal

Mailing Address
609 Piedmont Road

City **West Palm Beach** State **FL** Zip Code **33405**

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
02'23'2014

Amount of Each Receipt this Period
500.00

500.00

C. Full Name (Last, First, Middle Initial)
Germaine B. Richards

Mailing Address
177 Bobwhite Road

City **Royal Palm Beach** State **FL** Zip Code **33411**

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
03'18'2014

Amount of Each Receipt this Period
50.00

50.00

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

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

14031214193

**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 1 OF 15	
	<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. City of Riviera Beach		Date of Disbursement 01/10/2014
Mailing Address 600 West Blue Heron Blvd.		Amount of Each Disbursement this Period 120.00
City Riviera Beach, FL	State Zip Code 33404	
Purpose of Disbursement MLK Souvenir booklet ad		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: FL District: 20		

Full Name (Last, First, Middle Initial) B. Fast Signs		Date of Disbursement 01/14/2014
Mailing Address 4275 Okeechobee Blvd		Amount of Each Disbursement this Period 178.11
City West Palm Beach, FL	State Zip Code 33409	
Purpose of Disbursement campaign signs for car		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: FL District: 20		

Full Name (Last, First, Middle Initial) C. Patxi Gandiaga		Date of Disbursement 01/15/2014
Mailing Address 6219 Linton Street		Amount of Each Disbursement this Period 300.00
City Jupiter, FL	State Zip Code 33458	
Purpose of Disbursement design work signs and stationary		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: FL District: 20		

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

1403121419

**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 15

<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>Mt. Olive Missionary Baptist Church</u>		Date of Disbursement
Mailing Address <u>3700 Avenue O</u>		<u>01</u> / <u>17</u> / <u>2014</u>
City	State	Zip Code
<u>Riviera Beach, FL</u>	<u>FL</u>	<u>33404</u>
Purpose of Disbursement <u>Ad for pastors' retirement</u>		Amount of Each Disbursement this Period
Candidate Name		<u>250.00</u>
Office Sought:	Disbursement For:	Category/Type
<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>Fast Signs</u>		Date of Disbursement
Mailing Address <u>4275 Okeechobee Blvd.</u>		<u>01</u> / <u>17</u> / <u>2014</u>
City	State	Zip Code
<u>West Palm Beach, FL</u>	<u>FL</u>	<u>33409</u>
Purpose of Disbursement <u>campaign sign for car</u>		Amount of Each Disbursement this Period
Candidate Name		<u>30.29</u>
Office Sought:	Disbursement For:	Category/Type
<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>Democratic Club of Greater Boynton</u>		Date of Disbursement
Mailing Address <u>11231 Wingfoot Drive</u>		<u>01</u> / <u>19</u> / <u>2014</u>
City	State	Zip Code
<u>Boynton Beach, FL</u>	<u>FL</u>	<u>33426</u>
Purpose of Disbursement <u>luncheon tickets - Club installation</u>		Amount of Each Disbursement this Period
Candidate Name		<u>80.00</u>
Office Sought:	Disbursement For:	Category/Type
<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).....

1403124185

**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 15

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)

<p>A. <u>Supervisor of Elections Palm Beach County</u></p>		<p>Date of Disbursement</p> <p><u>01</u> / <u>22</u> / <u>2014</u></p>
<p>Mailing Address <u>240 S. Military Trail</u></p>		<p>Amount of Each Disbursement this Period</p> <p><u>62.10</u></p>
<p>City <u>West Palm Beach</u> State <u>FL</u> Zip Code <u>33415</u></p>		
<p>Purpose of Disbursement <u>Petition Verification</u></p>		<p>Category/ Type</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: <u>FL</u> District: <u>20</u></p>		

<p>B. <u>City of Riviera Beach</u></p>		<p>Date of Disbursement</p> <p><u>01</u> / <u>22</u> / <u>2014</u></p>
<p>Mailing Address <u>600 West Blue Heron Blvd.</u></p>		<p>Amount of Each Disbursement this Period</p> <p><u>150.00</u></p>
<p>City <u>Riviera Beach</u> State <u>FL</u> Zip Code <u>33404</u></p>		
<p>Purpose of Disbursement <u>Inaugural MLK Banquet tickets</u></p>		<p>Category/ Type</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: <u>FL</u> District: <u>20</u></p>		

<p>C. <u>Goodway Printing</u></p>		<p>Date of Disbursement</p> <p><u>01</u> / <u>27</u> / <u>2014</u></p>
<p>Mailing Address <u>101 East Blue Heron Blvd.</u></p>		<p>Amount of Each Disbursement this Period</p> <p><u>6.70</u></p>
<p>City <u>Riviera Beach</u> State <u>FL</u> Zip Code <u>33404</u></p>		
<p>Purpose of Disbursement <u>copies</u></p>		<p>Category/ Type</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: <u>FL</u> District: <u>20</u></p>		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

14031214199

**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 15

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

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. West Palm Beach Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014	
Mailing Address 906 Lytle Street		Amount of Each Disbursement this Period 80.00	
City State Zip Code West Palm Beach, FL 33405		Purpose of Disbursement Club Banquet tickets	
Candidate Name _____		Category/Type _____	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) B. Goodway Printing		Date of Disbursement 01 / 29 / 2014	
Mailing Address 101 East Blue Heron Blvd.		Amount of Each Disbursement this Period 4.77	
City State Zip Code Riviera Beach, FL 33404		Purpose of Disbursement Copies	
Candidate Name _____		Category/Type _____	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) C. Wells Fargo Bank		Date of Disbursement 01 / 29 / 2014	
Mailing Address 1100 East Blue Heron Blvd.		Amount of Each Disbursement this Period 31.00	
City State Zip Code Riviera Beach, FL 33404		Purpose of Disbursement Stop payment fee	
Candidate Name _____		Category/Type _____	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

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

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

14031214197

**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 5

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. Fed EX

Date of Disbursement

01 30 2014

Mailing Address

7840 Central Industrial Drive

City

Riviera Beach, FL 33404

Amount of Each Disbursement this Period

39.50

Purpose of Disbursement

Campaign financial report sent to FEC

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. Wells Fargo Bank

Date of Disbursement

01 31 2014

Mailing Address

1100 East Blue Heron Blvd.

City

Riviera Beach, FL 33404

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: 20

Full Name (Last, First, Middle Initial)

C. Sickle Cell Foundation

Date of Disbursement

02 03 2014

Mailing Address

1600 N. Australian Avenue

City

West Palm Beach, FL 33407

Amount of Each Disbursement this Period

75.00

Purpose of Disbursement

Ad for 25th Annual Luncheon

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).....

8617721501

**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 **15**

<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. <i>PBCAC Bethune Cookman University</i>		Date of Disbursement
Mailing Address <i>101 10th Street</i>		<i>02 05 2014</i>
City <i>Lake Park</i>	State <i>FL</i>	Zip Code <i>33403</i>
Purpose of Disbursement <i>Luncheon ad - donation</i>	Candidate Name	Amount of Each Disbursement this Period
Category/Type		<i>100.00</i>
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: <i>FL</i>	District: <i>20</i>	

B. <i>BEO - Black Elected Officials</i>		Date of Disbursement
Mailing Address <i>5725 Corporate Way Suite 206</i>		<i>02 05 2014</i>
City <i>West Palm Beach</i>	State <i>FL</i>	Zip Code <i>33407</i>
Purpose of Disbursement <i>membership fee</i>	Candidate Name	Amount of Each Disbursement this Period
Category/Type		<i>150.00</i>
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: <i>FL</i>	District: <i>20</i>	

C. <i>Goodway Printing</i>		Date of Disbursement
Mailing Address <i>101 East Blue Heron Blvd.</i>		<i>02 05 2014</i>
City <i>Riviera Beach</i>	State <i>FL</i>	Zip Code <i>33404</i>
Purpose of Disbursement <i>Petition copies</i>	Candidate Name	Amount of Each Disbursement this Period
Category/Type		<i>43.99</i>
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: <i>FL</i>	District: <i>20</i>	

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

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

14031214199

**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 15

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

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NAME OF COMMITTEE (In Full)

Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

A. Supervisor of Elections Palm Beach County

Date of Disbursement

02 18 2014

Mailing Address

240 South Military Trail

City West Palm Beach, FL State FL Zip Code 33415

Amount of Each Disbursement this Period

77,40

Purpose of Disbursement

petition verification

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: FL District:

Full Name (Last, First, Middle Initial)

B. PBCAC Bethune Cookman University

Date of Disbursement

02 22 2014

Mailing Address

101 10th Street

City Lake Park, FL State FL Zip Code 33403

Amount of Each Disbursement this Period

50,00

Purpose of Disbursement

Luncheon ticket

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. Ruby Thomas

Date of Disbursement

02 28 2014

Mailing Address

P.O. Box 4308

City Palm Beach Gardens FL State FL Zip Code 33420

Amount of Each Disbursement this Period

1,00,00

Purpose of Disbursement

Reimbursement for stamps

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).....

14031214200

**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 15

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. <u>Wells Fargo Bank</u>		Date of Disbursement
Mailing Address <u>1100 East Blue Heron Blvd.</u>		<u>02 28 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>monthly service fee</u>		<u>5.00</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>Sickle Cell Foundation</u>		Date of Disbursement
Mailing Address <u>1600 N. Australian Avenue</u>		<u>03 03 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>Luncheon tickets for 25th Annual</u>		<u>100.00</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>		

C. <u>Supervisor of Elections Palm Beach County</u>		Date of Disbursement
Mailing Address <u>240 S. military Trail</u>		<u>03 04 2014</u>
City <u>West Palm Beach, FL</u> State <u>FL</u> Zip Code <u>33415</u>		Amount of Each Disbursement this Period
Purpose of Disbursement <u>Petition verification</u>		<u>35.50</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).....

1405121A2017

**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 15

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. <u>Goodway Printing</u>		Date of Disbursement
Mailing Address <u>101 East Blue Heron Blvd.</u>		<u>03 ' 07 ' 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>Petition copies</u>		<u>28.09</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>Supervisor of Elections Palm Beach County</u>		Date of Disbursement
Mailing Address <u>240 South Military Trail</u>		<u>03 ' 12 ' 2014</u>
City <u>West Palm Beach</u> State <u>FL</u> Zip Code <u>33415</u>		Amount of Each Disbursement this Period
Purpose of Disbursement <u>Petition verification</u>		<u>58.10</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>Broward County DEC</u>		Date of Disbursement
Mailing Address <u>1832 N. University Drive</u>		<u>03 ' 15 ' 2014</u>
City <u>Plantation</u> State <u>FL</u> Zip Code <u>33322</u>		Amount of Each Disbursement this Period
Purpose of Disbursement <u>Unity dinner tickets</u>		<u>300.00</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)

14031214202

**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 15

<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>Supervisor of Elections Palm Beach County</u>		Date of Disbursement
Mailing Address <u>240 South Military Trail</u>		<u>03 ' 17 ' 2014</u>
City <u>West Palm Beach, FL</u>	State <u>FL</u>	Zip Code <u>33415</u>
Purpose of Disbursement <u>Petition: verification</u>		Amount of Each Disbursement this Period
Candidate Name		<u>41.00</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)	
State: <u>FL</u>	District: <u>20</u>	

B. <u>Hurst Chapel AME Church</u>		Date of Disbursement
Mailing Address <u>161 Silver Beach Road</u>		<u>03 ' 16 ' 2014</u>
City <u>Riviera Beach, FL</u>	State <u>FL</u>	Zip Code <u>33404</u>
Purpose of Disbursement <u>church donation</u>		Amount of Each Disbursement this Period
Candidate Name		<u>100.00</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)	
State: <u>FL</u>	District:	

C. <u>Goodway Printing</u>		Date of Disbursement
Mailing Address <u>101 East Blue Heron Blvd.</u>		<u>03 ' 17 ' 2014</u>
City <u>Riviera Beach, FL</u>	State <u>FL</u>	Zip Code <u>33404</u>
Purpose of Disbursement <u>petition copies</u>		Amount of Each Disbursement this Period
Candidate Name		<u>36.04</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)	
State: <u>FL</u>	District: <u>20</u>	

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

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

14031214203

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 15

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. <u>Station - Race Trac 562</u>		Date of Disbursement
Mailing Address <u>2995 45th Street</u>		<u>03 17 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>Travel - gas to Belle Glade</u>		<u>45.00</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>Dixie Printing & Letterpress, Inc.</u>		Date of Disbursement
Mailing Address <u>504 24th Street, Suite 1</u>		<u>03 18 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>Printing - campaign flyers</u>		<u>127.20</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>Marjorie Thomas</u>		Date of Disbursement
Mailing Address <u>4308 Heath Circle, South</u>		<u>03 18 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>Reimbursement for clerical supplies.</u>		<u>375.00</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 12 OF 15

<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. Northlake BP

Date of Disbursement

03 ' 18 ' 2014

Mailing Address

165 US Highway 1

City North Palm Beach State FL Zip Code

Amount of Each Disbursement this Period

37.63

Purpose of Disbursement

Travel-gas to Belle Glade

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: FL District: 20

Full Name (Last, First, Middle Initial)

B. Chevron

Date of Disbursement

03 ' 24 ' 2014

Mailing Address

10175 Okeechobee Blvd.

City West Palm Beach State FL Zip Code 33404

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement

Travel-gas to Pahokee

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: FL District: 20

Full Name (Last, First, Middle Initial)

C. Peggy Gandiaga

Date of Disbursement

03 ' 24 ' 2014

Mailing Address

6219 Linton

City Jupiter State FL Zip Code 33

Amount of Each Disbursement this Period

641.44

Purpose of Disbursement

Reimbursement for food for campaign

Category/
Type

Candidate Name

volunteers - Nov. 2013 - March 2014

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 3 OF 15

<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>03' 24' 2014</u>
City	State	Zip Code
<u>Riviera Beach</u>	<u>FL</u>	<u>33404</u>
Purpose of Disbursement <u>Petition verification</u>		Amount of Each Disbursement this Period
Candidate Name		<u>26.50</u>
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>Ruby Thomas</u>		Date of Disbursement
Mailing Address <u>P.O. Box 32455</u>		<u>03' 24' 2014</u>
City	State	Zip Code
<u>Palm Beach Gardens</u>	<u>FL</u>	<u>33420</u>
Purpose of Disbursement <u>Reimbursement for stamps</u>		Amount of Each Disbursement this Period
Candidate Name		<u>150.00</u>
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>Supervisor of Elections Palm Beach County</u>		Date of Disbursement
Mailing Address <u>240 South Military Trail</u>		<u>03' 24' 2014</u>
City	State	Zip Code
<u>West Palm Beach</u>	<u>FL</u>	<u>33415</u>
Purpose of Disbursement <u>Petition verification</u>		Amount of Each Disbursement this Period
Candidate Name		<u>43.80</u>
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).....

14031214206

**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>14</u> OF <u>15</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. Supervisor of Elections Palm Beach County</u>		Date of Disbursement <u>03' 26' 2014</u>
Mailing Address <u>240 South Military Trail</u>		Amount of Each Disbursement this Period <u>32.00</u>
City <u>West Palm Beach, FL</u>	State Zip Code <u>FL 33415</u>	
Purpose of Disbursement <u>Petition verification</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. Supervisor of Elections Palm Beach County</u>		Date of Disbursement <u>03' 27' 2014</u>
Mailing Address <u>240 South Military Trail</u>		Amount of Each Disbursement this Period <u>12.00</u>
City <u>West Palm Beach, FL</u>	State Zip Code <u>FL 33415</u>	
Purpose of Disbursement <u>Petitions</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. Supervisor of Elections Palm Beach County</u>		Date of Disbursement <u>03' 31' 2014</u>
Mailing Address <u>240 South Military Trail</u>		Amount of Each Disbursement this Period <u>138.00</u>
City <u>West Palm Beach, FL</u>	State Zip Code <u>FL 33415</u>	
Purpose of Disbursement <u>Petition verification</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)	

14031214207

**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"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <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. Wells Fargo Bank		Date of Disbursement 03 31 2014
Mailing Address 1100 East Blue Heron Blvd		Amount of Each Disbursement this Period 5.00
City Riviera Beach, FL	State FL	
Zip Code 33404		Category/ Type
Purpose of Disbursement monthly service fee		
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: FL	District: 20	

Full Name (Last, First, Middle Initial) B. Act Blue Technical Services		Date of Disbursement 02 23 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 19.75
City Somerville, MA	State MA	
Zip Code 02144		Category/ Type
Purpose of Disbursement service fee		
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: FL	District: 20	

Full Name (Last, First, Middle Initial) C. Goodway Printing		Date of Disbursement 03 31 2014
Mailing Address 101 East Blue Heron Blvd		Amount of Each Disbursement this Period 26.50
City Riviera Beach, FL	State FL	
Zip Code 33404		Category/ Type
Purpose of Disbursement Petition verification		
Candidate Name		
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)	
State: FL	District: 20	

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

14031214208

14031214209

2014 APR 15 AM 11:56

FEC MAIL CENTER

Part # 156297-43554776

SHIP DATE: 14APR14
ACTUAL WT: 3.1 LB
COD: /POS1501
DIMS: 0x0x0 IN
BILL SENDER

ORIGIN ID: PB1A

UNITED STATES US

FEDERAL ELECTION COMMISSION
999 E ST NW

WASHINGTON DC 20463
(330) 540-4802
REF:

DEPT:

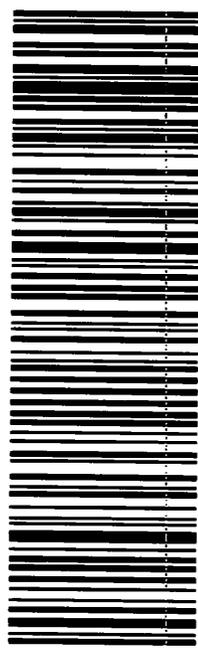


TUE - 15 APR 10:30A
PRIORITY OVERNIGHT

TRK# 8050 0875 5489
0200

XC RDVA

20463
DC-US IAD



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RT 677
6

FedEx NEW Package
Express US Airbill
5489
04-15-14

1 From
Date 04/14/14

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

Company for Congress

Address P.O. Box 30232

City Palm Beach Gardens State FL ZIP 33420

2 Your Internal Billing Reference

3 To Recipient's Name

Company Federal Election Commission

Address 999 E Street N.W.
We cannot deliver to P.O. boxes or P.O. ZIP codes.

City Washington D.C. State ZIP 20463

Address 999 E Street N.W.
Use this line for the HOLD location address or for continuation of your shipping address.

City Washington D.C. State ZIP 20463



8050 0875 5489

Package Service
as order less changed. Please see

Next Business Day

FedEx First Overnight
Expedited delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Priority Overnight
Next business day delivery. Shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight
Saturday Delivery NOT available.

5 Packaging
 FedEx Envelope*
*Declared value limit \$500

6 Special Handling and Delive
 SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx

No Signature Required
Signature may be left without obtaining signature for delivery.

Does this shipment contain dangerous
goods? One box must be checked.
 No Yes If Yes, attached Shipper's Declaration.

7 Payment Bill to:
 Sender Recipient
Total Packages 30 lbs

Dispersed goods (including dry/cold) cannot be shipped in FE or placed in a FedEx Express Drop Box.

Your liability is limited to US\$100 unless you declare a higher value.



fedex.com 1.800.GoFedEx 1.800.463.3339

Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

14031219210

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 4/14/14
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JAN
 PREPARER

4/15/14
 DATE PREPARED