

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

FEDERAL ELECTION COMMISSION PUBLIC DISCLOSURE DIVISION

2014 OCT 15 AM 12:00 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

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

CITY

STATE

ZIP CODE

STATE DISTRICT

C60549238

3. IS THIS REPORT NEW (N) OR AMENDED (A)

FL 20

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
[X] 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

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period

08/07/2014 through 09/30/2014

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 [Handwritten Signature]

Date 10/14/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 10 columns for Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

Dr. Jean L. Enright for Congress

Report Covering the Period:

From:

08/07/2014

To:

09/30/2014

	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)) ....	3,170.00	56,059.75
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	28.35
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	3,170.00	56,031.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	7,017.72	56,069.62
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	250.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	7,017.72	55,819.62
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	229.24	
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

**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: 08 09 2014

To: 09 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).....

3,170.00

54,559.75

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals ▶

3,170.00

54,559.75

(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

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

3,170.00

56,059.75

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

2,500.00

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

0.00

2,500.00

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

0.00

250.00

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

0.00

0.00

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

3,170.00

58,809.75

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7,017.72	56,069.62
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 .....	2,500.00	2,500.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	2,500.00	2,500.00
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	00.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	9,517.72	58,569.62

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6,578.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3,170.00
25. SUBTOTAL (add Line 23 and Line 24).....	9,748.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9,517.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	229.24

**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)  
 11a  11b  11c  11d  
 12  13a  13b  14  15  
 PAGE 1 OF 4

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)  
**Heyward, Dentene**

Mailing Address  
**2719 Pienza Circle**

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

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

Name of Employer **Pratt & Whitney** Occupation **Engineer**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
**08' 07' 2014**

Amount of Each Receipt this Period  
**800.00**

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

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

City **Palm Beach Gardens, FL** State **FL** Zip Code **33411**

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  
**08' 07' 2014**

Amount of Each Receipt this Period  
**1,000.00**

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

Mailing Address  
**P.O. Box 626**

City **Boca Raton, FL** State **FL** Zip Code **33429**

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

Name of Employer **Student** Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
**08' 10' 2014**

Amount of Each Receipt this Period  
**200.00**

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

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

17-0011-1087-0000

**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 4	
<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

A. Full Name (Last, First, Middle Initial)  
Almira Jean Marie

Mailing Address  
1408 S.E. Colony Way

City Jupiter State FL Zip Code 33478

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation accountant

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
08/21/2014

Amount of Each Receipt this Period  
50.00

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

Mailing Address  
7681 Woodmuir Drive

City West Palm Beach State FL Zip Code 33412

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation attorney

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
08/22/2014

Amount of Each Receipt this Period  
150.00

C. Full Name (Last, First, Middle Initial)  
Gatson Timothy

Mailing Address  
6474 Willoughby Circle

City Lake Worth State FL Zip Code 33463

FEC ID number of contributing federal political committee. C

Name of Employer National Academic Ed. Partners Occupation Chief Transformation Officer

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
08/22/2014

Amount of Each Receipt this Period  
150.00

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 **3** OF **4**  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial) **Anderson, Tommy**

Mailing Address **1331 East Washington Street**

City **Muncie, IN** State **IN** Zip Code **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

Date of Receipt **08' 23' 2014**

Amount of Each Receipt this Period **, 300.00**

**B.** Full Name (Last, First, Middle Initial) **Horton, Walter**

Mailing Address **P.O. Box 1064**

City **Shelby, Mississippi** State **Mississippi** Zip Code **38774**

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 **08' 23' 2014**

Amount of Each Receipt this Period **, 200.00**

**C.** Full Name (Last, First, Middle Initial) **Zolondek, Barbara**

Mailing Address **21325 St. Francis Street**

City **Farmington Hills MI** State **MI** Zip Code **48336**

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 **08' 23' 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 4 OF 4	
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <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) <b>Clark, John</b>		Date of Receipt <b>08 25 2014</b>
Mailing Address <b>1331 East Washington Street</b>		Amount of Each Receipt this Period <b>220.00</b>
City <b>Muncie, IN</b>	State Zip Code <b>47305</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Retired</b>	Occupation	
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)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input 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 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 11	
	<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) <b>A. Fastsigns</b>		Date of Disbursement <b>08 01 2014</b>
Mailing Address <b>4275 Okeechobee Blvd.</b>		Amount of Each Disbursement this Period <b>138.97</b>
City <b>West Palm Beach, FL</b>	State Zip Code <b>33409</b>	
Purpose of Disbursement <b>signs</b>	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: <b>FL</b>	District: <b>20</b>	

Full Name (Last, First, Middle Initial) <b>B. Dirt Cheap Signs</b>		Date of Disbursement <b>08 01 2014</b>
Mailing Address <b>7301 Bar K Ranch Road</b>		Amount of Each Disbursement this Period <b>756.87</b>
City <b>Lago Vista, TX</b>	State Zip Code <b>78645</b>	
Purpose of Disbursement <b>yard signs</b>	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: <b>FL</b>	District: <b>20</b>	

Full Name (Last, First, Middle Initial) <b>C. Gas Station - Chris Martorano BP</b>		Date of Disbursement <b>08 01 2014</b>
Mailing Address <b>2520 Broadway &amp; Blue Heron</b>		Amount of Each Disbursement this Period <b>36.59</b>
City <b>Riviera Beach, FL</b>	State Zip Code <b>33404</b>	
Purpose of Disbursement <b>Gas to travel to meetings</b>	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: <b>FL</b>	District: <b>20</b>	

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

14001-100-0000

**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 11
	<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*

A. *Clear Channel*

Full Name (Last, First, Middle Initial)

Mailing Address: *P.O. Box 591790*

City: *San Antonio, TX* State: *TX* Zip Code: *78258*

Purpose of Disbursement: *Signs*

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *FL* District: *20*

Date of Disbursement: *08 01 2014*

Amount of Each Disbursement this Period: *1,350.00*

B. *Ruby Landfair*

Full Name (Last, First, Middle Initial)

Mailing Address: *P.O. Box 32455*

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

Purpose of Disbursement: *Loan payment*

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *FL* District: *20*

Date of Disbursement: *08 02 2014*

Amount of Each Disbursement this Period: *2,100.00*

C. *BP Gas Station Chris Martorano*

Full Name (Last, First, Middle Initial)

Mailing Address: *2520 Broadway & Blue Heron Blvd*

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

Purpose of Disbursement: *gas for travel to events*

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *FL* District: *20*

Date of Disbursement: *08 02 2014*

Amount of Each Disbursement this Period: *35.00*

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

12041-103-00000-0001

**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 <b>3</b> OF <b>11</b>	
	<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) <b>A. Ruby Landfair</b>		Date of Disbursement <b>08 05 2014</b>
Mailing Address <b>P.O. Box 32455</b>		Amount of Each Disbursement this Period <b>100.00</b>
City <b>Palm Beach Gardens, FL</b>	State Zip Code <b>33420</b>	
Purpose of Disbursement <b>Loan payment</b>		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: <b>FL</b> District: <b>20</b>		

Full Name (Last, First, Middle Initial) <b>B. Ruby Landfair</b>		Date of Disbursement <b>08 06 2014</b>
Mailing Address <b>P.O. Box 32455</b>		Amount of Each Disbursement this Period <b>230.00</b>
City <b>Palm Beach Gardens, FL</b>	State Zip Code <b>33420</b>	
Purpose of Disbursement <b>Loan payment</b>		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: <b>FL</b> District: <b>20</b>		

Full Name (Last, First, Middle Initial) <b>C. Ruby Landfair</b>		Date of Disbursement <b>08 07 2014</b>
Mailing Address <b>P.O. Box 32455</b>		Amount of Each Disbursement this Period <b>70.00</b>
City <b>Palm Beach Gardens, FL</b>	State Zip Code <b>33420</b>	
Purpose of Disbursement <b>Final Loan payment</b>		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: <b>FL</b> District: <b>20</b>		

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

13094100-1000000

**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>4</u> OF <u>11</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) <b>A. <u>Jean L. Enright</u></b>		Date of Disbursement <u>08 07 2014</u>
Mailing Address <u>P.O. Box 30232</u>		Amount of Each Disbursement this Period <u>535.92</u>
City <u>Palm Beach Gardens, FL</u>	State <u>FL</u>	
Zip Code <u>33420</u>		Category/ Type
Purpose of Disbursement <u>Reimbursement for Gravis Marketing Inc</u>		
Candidate Name <u>calls</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>	

Full Name (Last, First, Middle Initial) <b>B. <u>Enterprise Rent-A-Car</u></b>		Date of Disbursement <u>08 08 2014</u>
Mailing Address <u>500 Northlake Blvd.</u>		Amount of Each Disbursement this Period <u>153.00</u>
City <u>Lake Park</u>	State <u>FL</u>	
Zip Code <u>33408</u>		Category/ Type
Purpose of Disbursement <u>Rented Car for travel to events</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) <b>C. <u>Gas Station - Chris Martorano BP</u></b>		Date of Disbursement <u>08 11 2014</u>
Mailing Address <u>2520 Broadway &amp; Blue Heron</u>		Amount of Each Disbursement this Period <u>40.00</u>
City <u>Riviera Beach</u>	State <u>FL</u>	
Zip Code <u>33404</u>		Category/ Type
Purpose of Disbursement <u>gas for car travel to events</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>	

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

150M-110-0000001

**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)		Date of Disbursement
<b>A. Wells Fargo Bank</b>		<b>08 / 12 / 2014</b>
Mailing Address <b>1100 East Blue Heron Blvd.</b>		Amount of Each Disbursement this Period <b>94.40</b>
City <b>Riviera Beach, FL</b>	State <b>FL</b>	
Zip Code <b>33404</b>		Category/ Type
Purpose of Disbursement <b>ordered checks for campaign</b>		
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: <b>FL</b> District: <b>20</b>		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Walgreens</b>		<b>08 / 13 / 2014</b>
Mailing Address <b>2501 Broadway</b>		Amount of Each Disbursement this Period <b>10.57</b>
City <b>Riviera Beach, FL</b>	State <b>FL</b>	
Zip Code <b>33404</b>		Category/ Type
Purpose of Disbursement <b>Clerical supplies</b>		
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: <b>FL</b> District: <b>20</b>		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. U.S. Postal Services</b>		<b>08 / 13 / 2014</b>
Mailing Address <b>Blue Heron Blvd.</b>		Amount of Each Disbursement this Period <b>170.00</b>
City <b>West Palm Beach, FL</b>	State <b>FL</b>	
Zip Code <b>33407</b>		Category/ Type
Purpose of Disbursement <b>stamps</b>		
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: <b>FL</b> District: <b>20</b>		

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

142001-1000-0000

**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>6</u> OF <u>11</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) <b>A. <u>Fastsigns</u></b>		Date of Disbursement <u>08</u> / <u>13</u> / <u>2014</u>
Mailing Address <u>4275 Okeechobee Blvd.</u>		Amount of Each Disbursement this Period <u>152.00</u>
City <u>West Palm Beach, FL</u>	State <u>FL</u>	
Zip Code <u>33404</u>		Category/ Type
Purpose of Disbursement <u>Signs</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) <b>B. <u>Pooler, Shelton</u></b>		Date of Disbursement <u>08</u> / <u>13</u> / <u>2014</u>
Mailing Address <u>1681 N.W. 7th Ter</u>		Amount of Each Disbursement this Period <u>500.00</u>
City <u>Pompano Beach, FL</u>	State <u>FL</u>	
Zip Code <u>33060</u>		Category/ Type
Purpose of Disbursement <u>Campaign work - putting flyers on doors</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) <b>C. <u>Gravis Marketing Inc.</u></b>		Date of Disbursement <u>08</u> / <u>14</u> / <u>2014</u>
Mailing Address <u>910 Belle Ave. Suite 1180</u>		Amount of Each Disbursement this Period <u>800.00</u>
City <u>Winter Springs, FL</u>	State <u>FL</u>	
Zip Code <u>32708</u>		Category/ Type
Purpose of Disbursement <u>Political calls</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>		

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 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)		Date of Disbursement
<b>A. Enterprise Rent-A-Car</b>		<b>08 18 2014</b>
Mailing Address <b>500 Northlake Blvd.</b>		Amount of Each Disbursement this Period <b>154.80</b>
City <b>Lake Park</b>	State <b>FL</b>	
Zip Code <b>33408</b>		Category/ Type
Purpose of Disbursement <b>Rented car for travel</b>		
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: <b>FL</b> District: <b>20</b>		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. BP Chris Martorano</b>		<b>08 18 2014</b>
Mailing Address <b>2520 Broadway &amp; Blue Heron</b>		Amount of Each Disbursement this Period <b>40.00</b>
City <b>Riviera Beach</b>	State <b>FL</b>	
Zip Code <b>33404</b>		Category/ Type
Purpose of Disbursement <b>gas for travel</b>		
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: <b>FL</b> District: <b>20</b>		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Dee's T Shirt</b>		<b>08 18 2014</b>
Mailing Address <b>2120 Broadway</b>		Amount of Each Disbursement this Period <b>315.04</b>
City <b>Riviera Beach</b>	State <b>FL</b>	
Zip Code <b>33404</b>		Category/ Type
Purpose of Disbursement <b>T shirts for campaign</b>		
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: <b>FL</b> District: <b>20</b>		

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

140N-1102-11009



**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 11

<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. BP Chris Martorano

Date of Disbursement

08 19 2014

Mailing Address

2520 Broadway & Blue Heron

City

Riviera Beach, FL 33404

Amount of Each Disbursement this Period

Purpose of Disbursement

Gas to travel to events

35.00

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. Dixie Printing & Letterpress Inc.

Date of Disbursement

08 19 2014

Mailing Address

504 24th Street

City

West Palm Beach, FL 33407

Amount of Each Disbursement this Period

Purpose of Disbursement

printing

243.80

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. Enterprise Rent-A-Car

Date of Disbursement

08 19 2014

Mailing Address

500 Northlake Blvd

City

Lake Park FL 33408

Amount of Each Disbursement this Period

Purpose of Disbursement

travel for campaign

83.24

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 10 OF 11

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

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Palm Beach County Supervisor of Elections		08 19 2014
Mailing Address 240 S. Military Trail		Amount of Each Disbursement this Period  66.50
City West Palm Beach, FL Zip Code 33415		
Purpose of Disbursement labels, voter files		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)		Date of Disbursement
B. Goodway Printing		08 19 2014
Mailing Address 101 East Blue Heron Blvd.		Amount of Each Disbursement this Period  35.77
City Riviera Beach, FL Zip Code 33404		
Purpose of Disbursement printing		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)		Date of Disbursement
C. Enright, Jean		08 19 2014
Mailing Address P.O. Box 30232		Amount of Each Disbursement this Period  1,086.40
City Palm Beach Gardens, FL Zip Code 33420		
Purpose of Disbursement Reimbursement for meet and greet		Category/ Type
Candidate Name Tamarac Cafe Dinner		
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 1 OF 11

<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)

Full Name (Last, First, Middle Initial)

A. <u>Goodway Printing</u>		Date of Disbursement
Mailing Address <u>101 East Blue Heron Blvd.</u>		<u>08 20 2014</u>
City <u>Riviera Beach</u>	State <u>FL</u>	Zip Code <u>33404</u>
Purpose of Disbursement <u>Printing</u>		Amount of Each Disbursement this Period
Candidate Name		<u>\$5.00</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>Wells Fargo Bank</u>		Date of Disbursement
Mailing Address <u>1100 East Blue Heron Blvd.</u>		<u>08 29 2014</u>
City <u>Riviera Beach</u>	State <u>FL</u>	Zip Code <u>33404</u>
Purpose of Disbursement <u>monthly service fee</u>		Amount of Each Disbursement this Period
Candidate Name		<u>10.00</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>	

C. <u>Wells Fargo Bank</u>		Date of Disbursement
Mailing Address <u>1100 East Blue Heron Blvd.</u>		<u>09 30 2014</u>
City <u>Riviera Beach</u>	State <u>FL</u>	Zip Code <u>33404</u>
Purpose of Disbursement <u>monthly service fee</u>		Amount of Each Disbursement this Period
Candidate Name		<u>10.00</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).....

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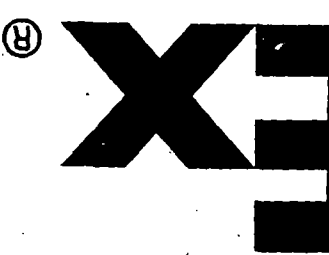
RECEIVED

NOV 15 AM 10:48  
REC MAIL CENTER

69015  
10 15

RT 677

Express



**FedEx** NEW Package  
Express US Airbill  
8064 3700 6901

1 From Date 10/14/14

Sender's Name

Company Dr. Jean L. Enright 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 We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address 999 E Street N.W.

City Washington, D.C. State ZIP 20463

SHIP DATE: 14OCT14  
ACTWT: 0.4 LB  
CAD: POS1525  
DIMS: OXOXO IN  
BILL SENDER

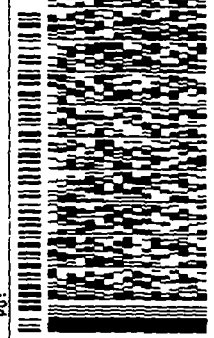
ORIGIN ID: P8IA

UNITED STATES US

FEDERAL ELECTION COMMISSION  
999 E ST NW

WASHINGTON DC 20463  
REF: (800) 424-8530  
INO: PO:

DEPT:

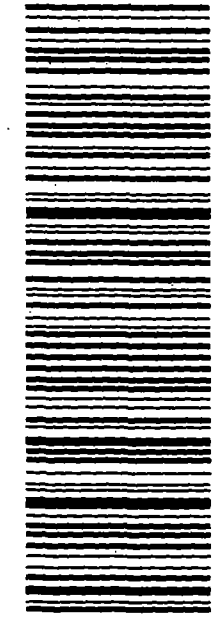


WED - 15 OCT 1  
PRIORITY OVER

TRK# 8064 3700 6901  
0200

XC RDVA

DC-US



00.463.3339

address may sign for delivery for residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?

No  Yes (ICB Shipper's Declaration not required.)  Yes (ICB Shipper's Declaration not required.)  Dry Ice (UN 1845)  Cargo Aircraft Only

7 Payment Bill to:

Sender  Recipient  Third Party  Credit Card  Cash/Check

Total Packages Total Weight

0.5 lbs

Your liability is limited to USD 100 unless you declare a higher value. See the current FedEx Services Guide for details.

fedex.com 1.800.GoFedEx 1.800.463.3339

Federal Election Commission  
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<input type="checkbox"/> Hand Delivered	Date of Receipt
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<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 checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed EX</i>	Shipping Date <i>10/14/14</i>
	Next Business Day Delivery <input checked="" 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

*CME* *10/15/14*  
 PREPARER DATE PREPARED

43011001001