

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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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 C00549238 3. IS THIS REPORT NEW (N) OR AMENDED (A) FL 20

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special Election on 08/26/2014 in the State of (c) 30-Day POST-Election Report for the: General, Runoff, Special Election on in the State of

5. Covering Period 10/01/2014 through 10/14/2014

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 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.

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Dr. Jean L. Enright for Congress

Report Covering the Period:

From:

10 ' 01 ' 2014

To:

10 ' 14 ' 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)) ....	0.00	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)) .....	0.00	56,031.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	229.24	56,298.86
(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)) .....	229.24	55,781.40
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	0.00	
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:

*10 01 2014*

To:

*10 14 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).....

*0.00*

*54,559.75*

(ii) Unitemized.....

*0.00*

*0.00*

(iii) TOTAL of contributions from individuals ▶

*0.00*

*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))..

*0.00*

*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)..... ▶**

*0.00*

*58,809.75*

2014-10-14

**DETAILED SUMMARY PAGE**

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

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

17. OPERATING EXPENDITURES.....	229.24	56,298.86
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	2,500.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	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	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	229.24	58,798.86

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	229.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	229.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	229.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE

OF

<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

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. <u>Anderson, Angela</u>		Date of Disbursement
Mailing Address <u>257 West 4th Street</u>		<u>10 06 2014</u>
City <u>Pahokee</u>	State <u>FL</u>	Zip Code <u>33476</u>
Purpose of Disbursement <u>working at the pole during early</u>	Amount of Each Disbursement this Period <u>200.00</u>	
Candidate Name <u>Voting and election day.</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>	

B. <u>Enright, Jean</u>		Date of Disbursement
Mailing Address <u>P.O. Box 30232</u>		<u>10 14 2014</u>
City <u>Palm Beach Gardens, FL</u>	State <u>FL</u>	Zip Code <u>33420</u>
Purpose of Disbursement <u>Reimbursement for stamps.</u>	Amount of Each Disbursement this Period <u>29.24</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.		Date of Disbursement
Mailing Address		<u>MM / DD / YYYY</u>
City	State	Zip Code
Purpose of Disbursement	Amount of Each Disbursement this Period	
Candidate Name	Category/ Type	
Office Sought: <input 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:	District:	

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

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

HONOLULU

SHIP DATE: 14OCT14  
ACTWGHT: 0.4 LB  
CAD: /POS1525  
DIMHS: OXOXO IN  
BILL SENDER

ORIGIN ID:PB1A

UNITED STATES US

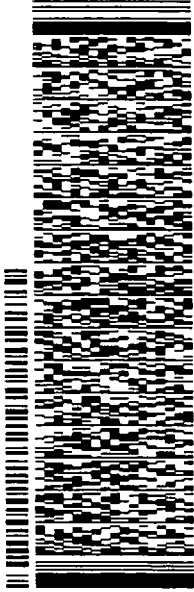
TO

FEDERAL ELECTION COMMISSION  
999 E ST NW

WASHINGTON DC 20463

(800) 424-9630 REF:

YAU: P.O. DEPT:



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address may require delivery. For  
international deliveries only. Fee applies.

may sign for delivery. Fee applies.

Obtain recip.  
Acct. No.

Sender

Acc. No. in Section

Third Party

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Cash/Check

Credit Card Auth.

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OCT 15 AM 10:48

FEC MAIL CENTER

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Express

FedEx® NEW Package  
Express US Airbill

FedEx Tracking Number 8064 3700 6901

1 From

Date 10/14/14

Sender's Name

Phone

Company Dr. Jean L. Enright for Congress

Address P.O. Box 30232

City Palm Beach Gardens State FL ZIP 33420

Dept./Floor/Suite/Room

2 Your Internal Billing Reference

3 To

Recipient's Name

Phone

Company Federal Election Commission

Address

We cannot deliver to P.O. boxes or P.O. ZIP codes

Address 999 E Street N.W.

Use this line for the BOLD location address or for combination of their shipping address.

City Washington, D.C. State

ZIP 20463

HOLD Weekday  
FedEx location address  
Required. NOT available for  
FedEx Free Overnight.

Dept./Floor/Suite/Room

HOLD Saturday  
FedEx location address  
Required. NOT available for  
FedEx Priority Overnight and  
FedEx 2Day to select locations.

4 Expt  
NOTE: S

Next

FedEx  
Express  
Mon-Fri

FedEx  
Next bus  
delivered  
to address

FedEx  
Next bus  
Monday

5 Pack  
FedEx

6 Spec  
SAT/1  
RTN

No Sig  
Package  
signature  
to delivery

Does this shipment contain dangerous goods?

One box must be checked.

No

Yes

As per attached  
Shipper's Declaration  
not required.

Yes

Shipper's Declaration  
Dry Ice, UN 1845

kg

Dry Ice

kg

Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in freight packaging  
or placed in a FedEx Express Drop Box.

7 Payment Bill to:

Sender

Recipient

Third Party

Credit Card

Cash/Check

Total Packages

Total Weight

lbs.

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Federal Election Commission  
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<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
<i>CMB</i> PREPARER	<i>10/15/14</i> DATE PREPARED