

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 FEB 12 AM 9:38

12FE4M5C MAIL CENTER

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

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

C00549238

3. IS THIS REPORT

X

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)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

X

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

08 26 2014

in the State of

FL

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

07 01 2014

through

08 06 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

Signature of Treasurer

Handwritten signature: Rey...

Date

08 10 2014

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

Table with 8 columns and 1 row for Office Use Only.

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Dr. Jean L. Enright for Congress

Report Covering the Period:

From:

07 01 2014

To:

08 06 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))	17,106.24	
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	17,106.24	
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15,681.24	
(b) Total Offsets to Operating Expenditures (from Line 14)	-0-	
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	15,681.24	
8. Cash on Hand at Close of Reporting Period (from Line 27)	6,578.45	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2,500.00	

For further information contact:

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

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

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Dr. Jean L. Enright for Congress

Report Covering the Period: From: 07 01 2014 To: 08 06 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).....

17,106.24

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

17,106.24

(b) Political Party Committees.....

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

(d) The Candidate.....

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

17,106.24

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

13. LOANS:

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

(b) All Other Loans.....

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

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

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

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

17,106.24

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	15,681.24	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans.....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS.....		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15,681.24	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5,162.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17,106.24
25. SUBTOTAL (add Line 23 and Line 24).....	22,268.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15,681.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6,587.45

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 6	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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		Date of Receipt	
Full Name (Last, First, Middle Initial) Enright, Jean		07 01 2014	
Mailing Address P.O. Box 30232		Amount of Each Receipt this Period	
City Palm Beach Gardens, FL State FL Zip Code 33420		200.00	
FEC ID number of contributing federal political committee. C		Name of Employer Candidate	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation	
Election Cycle-to-Date		Amount of Each Receipt this Period	
Full Name (Last, First, Middle Initial) Weinroth, Robert		Date of Receipt	
Mailing Address 951 Brkn. SND Parkway N.W		07 01 2014	
City Boca Raton, FL State FL Zip Code 33433		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C		500.00	
Name of Employer City of Boca Raton		Name of Employer City of Boca Raton	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Commissioner	
Election Cycle-to-Date		Amount of Each Receipt this Period	
Full Name (Last, First, Middle Initial) Enright, Jean		Date of Receipt	
Mailing Address P.O. Box 30232		07 02 2014	
City Palm Bch Gardens, FL State FL Zip Code 33420		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C		2,600.00	
Name of Employer Candidate		Name of Employer Candidate	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation	
Election Cycle-to-Date		Amount of Each Receipt this Period	
SUBTOTAL of Receipts This Page (optional).....			
TOTAL This Period (last page this line number only).....			

IDENTIFIED BY: [unclear]

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

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

FOR LINE NUMBER: PAGE 2 OF 6
(check only one)

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

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)
Horton, Walter

Mailing Address
P.O. Box 1064

City *Shelby* State *Mississippi* Zip Code

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

Name of Employer *Retired* Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1,150.00

Date of Receipt
07 02 2014

Amount of Each Receipt this Period
900.00

B. Full Name (Last, First, Middle Initial)
Davis, Gentene

Mailing Address
900 Avenue N

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

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

Name of Employer *School Board of PBC* Occupation *Teacher*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
07 03 2014

Amount of Each Receipt this Period
500.00

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

Mailing Address
4989 Horizon Drive

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

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

Name of Employer *Retired* Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
07 03 2014

Amount of Each Receipt this Period
275.00

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

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

.....

110311-1000-10000-1

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 3 OF 6	
<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"/> 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)
Pinsky, Richard

Mailing Address
356 Valley Forge Rd

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

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

Name of Employer *Ackerman Senterfitt* Occupation *Lobbyist*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
, 500.00

Date of Receipt
07 04 2014

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Katz, Irene

Mailing Address
3101 South Ocean Blvd

City *Highland Beach, FL* State Zip Code *33487*

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

Name of Employer *School Board of PBC* Occupation *Counselor*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
, 50.00

Date of Receipt
07 04 2014

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Mitchell, Bertha Marie

Mailing Address
1491 East 191 Street

City *Euclid, Ohio* State Zip Code *44117*

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

Name of Employer *Retired* Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
, 100.00

Date of Receipt
07 04 2014

Amount of Each Receipt this Period
100.00

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

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

.....

.....

1410101 - 110001 - 1100101

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 6

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

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. *Anderson, Gary*
Mailing Address
9351 Virgil Avenue
City *Redford* State *MI* Zip Code *48239*
FEC ID number of contributing federal political committee. *C*
Name of Employer *Retired* Occupation
Receipt For: Primary General Other (specify)
Election Cycle-to-Date
, , 25.00

Date of Receipt

07 / 15 / 2014

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. *Zolondek, Barbara*
Mailing Address
21325 St. Francis Street
City *Farmington Hills* 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
, , 50.00

Date of Receipt

07 / 18 / 2014

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. *Katz, Irene*
Mailing Address
3101 South Ocean Blvd.
City *Highland Beach* State *FL* Zip Code *33487*
FEC ID number of contributing federal political committee. *C*
Name of Employer *School Board of PBC* Occupation *Counselor*
Receipt For: Primary General Other (specify)
Election Cycle-to-Date
, , 100.00

Date of Receipt

07 / 18 / 2014

Amount of Each Receipt this Period

50.00

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

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

110101-1-0001-1-10001

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 5 OF 6	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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) <u>Enright, Jean L</u>		Date of Receipt <u>07/21/2014</u>
Mailing Address <u>P.O. Box</u>		Amount of Each Receipt this Period <u>1,600.00</u>
City <u>Palm Beach Gardens, FL</u>	State Zip Code <u>FL 33420</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>1,600.00</u>
Name of Employer <u>Candidate</u>	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <u>Keyward, Dentene</u>		Date of Receipt <u>07/25/2014</u>
Mailing Address		Amount of Each Receipt this Period <u>200.00</u>
City <u>Royal Palm Beach, FL</u>	State Zip Code	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>200.00</u>
Name of Employer <u>Pratt & Whitney</u>	Occupation <u>Engineer</u>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <u>200.00</u>	

Full Name (Last, First, Middle Initial) <u>Enright, Jean L.</u>		Date of Receipt <u>07/28/2014</u>
Mailing Address <u>P.O. Box 30232</u>		Amount of Each Receipt this Period <u>7200.00</u>
City <u>Palm Beach Gardens, FL</u>	State Zip Code <u>FL 33420</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>7200.00</u>
Name of Employer <u>Candidate</u>	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

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

1480101-1000-10000

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 <u>6</u> OF <u>6</u>	
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
Anderson, Tommy

Mailing Address
1331 East Washington Street

City Munkie, 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 / 01 / 2014

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Mitchell, Bertha Marie

Mailing Address
1491 East 191 Street

City Euclid, State Ohio Zip Code 44117

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 / 04 / 2014

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Heyward, Dentene

Mailing Address
2719 Pienza Circle

City Royal Palm Beach 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 / 05 / 2014

Amount of Each Receipt this Period
1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

.....

.....

ACTION - INFO - MONITOR

**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)
 17 18 19a 19b
 20a 20b 20c 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

A. Gas-Race Trac Station

Full Name (Last, First, Middle Initial)

Mailing Address: **2995 45th Street**

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

Purpose of Disbursement: **Gas to attend meetings**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **FL** District: **20**

Date of Disbursement: **07/01/2014**

Amount of Each Disbursement this Period: **50.00**

B. Goodway Printing

Full Name (Last, First, Middle Initial)

Mailing Address: **101 East Blue Heron Blvd.**

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

Purpose of Disbursement: **Copies**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **FL** District: **20**

Date of Disbursement: **07/01/2014**

Amount of Each Disbursement this Period: **82.68**

C. Florida Democratic Party

Full Name (Last, First, Middle Initial)

Mailing Address: **214 S. Bronough Street**

City: **Tallahassee, FL** State: **FL** Zip Code: **32301**

Purpose of Disbursement: **Donation-Dinner**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **FL** District: **20**

Date of Disbursement: **07/02/2014**

Amount of Each Disbursement this Period: **225.00**

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

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

1100011-1-0001-1-0001

**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 2 OF 9	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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) <i>A. BP Gas Chris Martorano</i>		Date of Disbursement <i>07/07/2014</i>
Mailing Address <i>2520 Blue Heron Blvd.</i>		Amount of Each Disbursement this Period <i>30.00</i>
City <i>Riviera Bch FL</i>	State <i>FL</i>	
Zip Code <i>33404</i>		Category/ Type
Purpose of Disbursement <i>to travel to Pahokee</i>		
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: <i>FL</i>	District: <i>20</i>	

Full Name (Last, First, Middle Initial) <i>B. BP Gas Chris</i>		Date of Disbursement <i>07/08/2014</i>
Mailing Address <i>2520 Blue Heron Blvd.</i>		Amount of Each Disbursement this Period <i>35.00</i>
City <i>Riviera Bch FL</i>	State <i>FL</i>	
Zip Code <i>33404</i>		Category/ Type
Purpose of Disbursement <i>travel to Belle Glade</i>		
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: <i>FL</i>	District: <i>20</i>	

Full Name (Last, First, Middle Initial) <i>c. Dee's T Shirts Inc.</i>		Date of Disbursement <i>07/08/2014</i>
Mailing Address <i>2120 Broadway</i>		Amount of Each Disbursement this Period <i>189.02</i>
City <i>Riviera Beach FL</i>	State <i>FL</i>	
Zip Code <i>33404</i>		Category/ Type
Purpose of Disbursement <i>T Shirts for campaign</i>		
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: <i>FL</i>	District: <i>20</i>	

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

IDENT - HONOR - NUMBER

**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 9

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

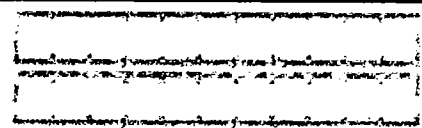
Dr. Jean L. Enright for Congress

Full Name (Last, First, Middle Initial)

<p>A. <u>Clear Channel</u></p> <p>Mailing Address <u>P.O. Box 591790</u></p> <p>City <u>San Antonio</u>, State <u>TX</u> Zip Code <u>78258</u></p> <p>Purpose of Disbursement <u>Signs</u></p> <p>Candidate Name</p>		<p>Date of Disbursement <u>07</u> / <u>09</u> / <u>2014</u></p> <p>Amount of Each Disbursement this Period <u>5,575.00</u></p>
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: <u>20</u></p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Category/Type</p>
<p>Full Name (Last, First, Middle Initial)</p>		
<p>B. <u>St. George Civic Association</u></p> <p>Mailing Address <u>3501 N.W. 8th Street</u></p> <p>City <u>Lauderhill</u>, State <u>FL</u> Zip Code <u>33111</u></p> <p>Purpose of Disbursement <u>Reception</u></p> <p>Candidate Name</p>		<p>Date of Disbursement <u>07</u> / <u>10</u> / <u>2014</u></p> <p>Amount of Each Disbursement this Period <u>250.00</u></p>
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: <u>20</u></p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Category/Type</p>
<p>Full Name (Last, First, Middle Initial)</p>		
<p>C. <u>BP Gas - Chris Martorano</u></p> <p>Mailing Address <u>2520 Broadway</u></p> <p>City <u>Riviera Bch.</u>, State <u>FL</u> Zip Code <u>33404</u></p> <p>Purpose of Disbursement <u>Travel - gas to meetings</u></p> <p>Candidate Name</p>		<p>Date of Disbursement <u>07</u> / <u>14</u> / <u>2014</u></p> <p>Amount of Each Disbursement this Period <u>40.00</u></p>
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: <u>20</u></p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		<p>Category/Type</p>
<p>Full Name (Last, First, Middle Initial)</p>		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)



1-800-438-8039

**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 9	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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

A. Kings Point

Full Name (Last, First, Middle Initial) _____

Mailing Address **7620 Nob Hill Road**

City **Tamarac** State **FL** Zip Code **33321**

Purpose of Disbursement **1/2 page color ad**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **FL** District: **20**

Date of Disbursement: **07/14/2014**

Amount of Each Disbursement this Period: **423.00**

B. Goodway Printing

Full Name (Last, First, Middle Initial) _____

Mailing Address **101 East Blue Heron Blvd.**

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

Purpose of Disbursement **Copies**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **FL** District: **20**

Date of Disbursement: **07/15/2014**

Amount of Each Disbursement this Period: **41.87**

C. Fed Ex

Full Name (Last, First, Middle Initial) _____

Mailing Address **7840 Central Ind. Way**

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

Purpose of Disbursement **Sent papers to FEC**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: **FL** District: **20**

Date of Disbursement: **07/16/2014**

Amount of Each Disbursement this Period: **36.35**

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

LIONEL KING MUMFORD

**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 9

<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)

Date of Disbursement

A. BP Gas Station

07/20/2014

Mailing Address

2520 Broadway

City

Riviera Beach

State

FL

Zip Code

33404

Amount of Each Disbursement this Period

41.37

Purpose of Disbursement

Gas to travel to events

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State:

FL

District:

20

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. Gas Station - Rac Trac

07/21/2014

Mailing Address

2995 45th Street

City

West Palm Beach

State

FL

Zip Code

33407

Amount of Each Disbursement this Period

47.12

Purpose of Disbursement

gas to travel to events

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State:

FL

District:

20

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Mount Calvary Missionary Baptist Church

07/21/2014

Mailing Address

700 Georgia Avenue

City

Clewiston

State

FL

Zip Code

33440

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement

Donation

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State:

FL

District:

20

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)
 17 18 19a 19b
 20a 20b 20c 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

A. *Act Blue Technical Services*

Full Name (Last, First, Middle Initial) _____

Date of Disbursement *07/21/2014*

Mailing Address *366 Summer Street*

City *Somerville, MA* State _____ Zip Code *02144*

Purpose of Disbursement *Service fee* Amount of Each Disbursement this Period *0.99*

Candidate Name _____ Category/Type _____

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____

State: *FL* District: *20*

B. *Fast Signs*

Full Name (Last, First, Middle Initial) _____

Date of Disbursement *07/21/2014*

Mailing Address *4275 Okeechobee Blvd.*

City *West Palm Beach, FL* State _____ Zip Code *33409*

Purpose of Disbursement *Signs* Amount of Each Disbursement this Period *55.597*

Candidate Name _____ Category/Type _____

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____

State: *FL* District: *20*

C. *Department of State - Division of Elections*

Full Name (Last, First, Middle Initial) _____

Date of Disbursement *07/21/2014*

Mailing Address *500 South B.*

City *Tallahassee, FL* State _____ Zip Code _____

Purpose of Disbursement *voter file CD* Amount of Each Disbursement this Period *10.00*

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)

1101011-1101011-1101011

**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 9
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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) <i>A. Dixie Printing & Letterpress, Inc.</i>		Date of Disbursement MM'DD'YYYY <i>07'21'2014</i>
Mailing Address <i>504 24th Street</i>		Amount of Each Disbursement this Period <i>542.72</i>
City <i>West Palm Beh.</i>	State <i>FL</i>	
Zip Code <i>33404</i>		Category/ Type
Purpose of Disbursement <i>Flyers</i>		
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: <i>FL</i>	District: <i>20</i>	

Full Name (Last, First, Middle Initial) <i>B. Citgo Gas Station</i>		Date of Disbursement MM'DD'YYYY <i>07'29'2014</i>
Mailing Address <i>5850 Okechobee Blvd.</i>		Amount of Each Disbursement this Period <i>40.00</i>
City <i>West Palm Beach, FL</i>	State <i>FL</i>	
Zip Code <i>33404</i>		Category/ Type
Purpose of Disbursement <i>go to attend meetings</i>		
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: <i>FL</i>	District: <i>20</i>	

Full Name (Last, First, Middle Initial) <i>C. Clear Channel</i>		Date of Disbursement MM'DD'YYYY <i>07'30'2014</i>
Mailing Address <i>P.O. Box 591790</i>		Amount of Each Disbursement this Period <i>6,312.50</i>
City <i>San Antonio, TX</i>	State <i>TX</i>	
Zip Code <i>78258</i>		Category/ Type
Purpose of Disbursement		
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: <i>FL</i>	District: <i>20</i>	

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE <u>8</u> OF <u>9</u>
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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>Jean L. Enright</u>		Date of Disbursement M M / D D / Y Y Y Y <u>07 / 31 / 2014</u>
Mailing Address <u>P.O. Box 30232</u>		Amount of Each Disbursement this Period <u>350.00</u>
City <u>Palm Beach Gardens, FL</u>	State Zip Code <u>33420</u>	
Purpose of Disbursement <u>Reimbursement for rent-a-car to</u>		Category/ Type
Candidate Name <u>attend campaign meetings and events</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. <u>Supervisor of Elections Palm Beach County</u>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address <u>240 South military Trail</u>		Amount of Each Disbursement this Period <u>4500</u>
City <u>West Palm Bch. FL</u>	State Zip Code <u>33415</u>	
Purpose of Disbursement <u>voter CD</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) C. <u>Supervisor of Elections Palm Beach County</u>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address <u>240 South Military Trail</u>		Amount of Each Disbursement this Period <u>26.00</u>
City <u>West Palm Bch FL</u>	State Zip Code <u>33415</u>	
Purpose of Disbursement <u>tables</u>		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <u>FL</u> District: <u>20</u>		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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. Palm Beach County Supervisor of Elections		Date of Disbursement 07 31 2014
Mailing Address 240 South Military Trail		Amount of Each Disbursement this Period 22.00
City West Palm Bch FL	State FL	
Zip Code 33415		Category/ Type
Purpose of Disbursement voter tables		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement 07 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 Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify)	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

UNIDENTIFIED COPY

Part # 156297-435-1120414

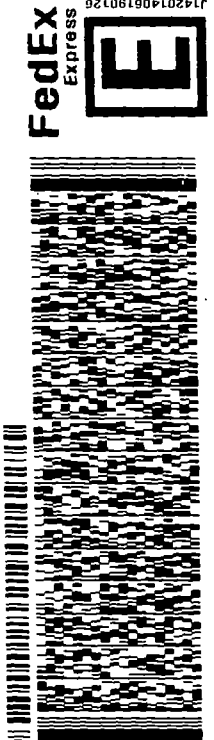
SHIP DATE: 11AUG14
WEIGHT: 3.3 LB
CAD./POSITION
DIMS: 0x0x0 IN
BILL SENDER

ORIGIN ID: PBIA

UNITED STATES US
TO
FEDERAL ELECTION COMMISSION
999 E ST NW

WASHINGTON DC 20463

REF: (800) 424-9530
PO: 0200

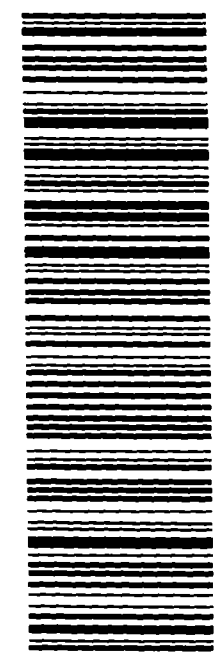


TUE - 12 AUG 10:30A
PRIORITY OVERNIGHT

TRM# 8050 5682 9339

XC RDVA

20463
DC-US IAD



3339

Does this shipment contain dangerous goods?

One box must be checked.

No Yes Yes, Declaration not required. Dry Ice Dry Ice, 5.00 lbs kg

No As per attached. Shipper's Declaration. Cargo Aircraft Only

Dangerous goods (including Dry Ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

7 Payment Bill to: Sender Recipient Third Party Credit Card Cash/Check

Obtain recip. Acct. No.

Emer FedEx Acct. No. or Credit Card No. below.

Sender Acct. No. in Section 7 of this form.

Total Packages Total Weight lbs.

Credit Card Auth.

644

Your liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

Rev. Date 1/12 - Part # 61002 - ©2012 FedEx - PRINTED IN U.S.A. SFE

677 678
6
9339
08.12

FedEx Tracking Number 8050 5682 9339

Enright Phone

30232

Orders State FL ZIP 33420

Phone
tion Commission

HOLD Weekday
FedEx location address
REQUIRED NOT available for
FedEx First Overnight.

HOLD Saturday
FedEx location address
REQUIRED Available ONLY for
FedEx Priority Overnight® and
FedEx 2Day® services.

Street N.W. 20463
Address State ZIP



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Ex* Shipping Date
8/11/14
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

[Signature] *8/12/14*
 PREPARER DATE PREPARED

ASTON | FINC | NCOM