× ×	Yes	ependent child	ities of a spouse or de Committee on Ethics.	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	arned" income ss you have fir	er assets, "une swer "yes" unle	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or or because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMP because
₹	es —	ot be	cepted trusts" need nont child?	s and certain other "ex spouse, or a depender	nittee on Ethic ting you, your	ed by the Comr	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS disclose
S	QUESTION	OF THESE (ANSWER EACH OF THESE QUESTIONS	1	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLI
	esponse.	each "Yes" r	lule attached for each "Yes" response	ppropriate sched	d and the a	e answered	Each question in this part must be answered and the appropriate schedule	
× ×	Yes 🔲	\$5,000 from	pensation of more than <u>Ω</u> prior years? ttach Schedule VI.	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	_S	Yes	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	III. Did yo able liabii If yes, co
\$	Yes	rangement	oortable agreement or an	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	S S	Yes X	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	II. Did yo income or reportable If yes, co
\$	Yes	pefore the date	trach Schedule IV.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	S _S	Yes X	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	I. Did you fees) of \$ If yes, co
				EACH OF THESE QUESTIONS	OF THES		In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER	In all sec
	o days late.	Illole tilali 30 days late				Office:	employee Employing Office:	
assessed who files	— a	A \$200 pen against any	Check if Amendment	Date of 08-26 -2014 Election: 08-26 -2014	_ Date of _ Election	20	Candidate for the State: House of Representatives District: — New officer or	Filer Status
CC	(Office Use Only)	6				,		
NTATIVES	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	U.S. HOU		Daytime Telephone.、	Daytime		: Jean L. Enright	Name:
Ut DU	WINDER 77 BUILDE DO	20131						
Page 1 ofCE CENTER	Page 1 of LEGISLATIVE RESOURCE CENTER	TEGISL	I B and new employees	FORM B For use by candidates and new employees	T T	ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - Dec. 23, 2015	UNITE FINAN Period

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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Page of _

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	9		
Course (include date of receipt for beneate)	Type	Amount	unt
Course (include date of receipt to Horiotatia)	1)10	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Port of Palm Beach, Riviera Beach, FL	Salary	\$ 9,500	₩q,500
School District of Palm Beach County-Wast Palm Beach	Salary	351.00	\$1,098.50
	1		
			i -

State of Florida Retirement	Examples:	SP, SP Mega Corp. Stock	homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (\$P) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	ness, the nature of its activities, and its geographic location in Block A. Explicite: Your personal residence including second.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi-	Asset and/or income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.
* Inst	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000	phic	B C D E F G H - J	Value of Asset Value of Asset Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should the "None." *This column is for assets solely held by your spouse or dependent child.
>	Royattes	×	Over \$50,000,000 Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inco	me)	3	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k)) plans or IHAs), you may check the Tax-Deferred column. Dividends, ise interest, and capital gains, even lift reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
>	××	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		Current Year	Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you check the "None" column. For all other assets, indicate the cate income by checking the appropriate box below. Dividends, in and capital gains, even if reinvested, must be disclosincome. Check "None" if no income was earned or generated. * This column is for income derived from assets solely held be spouse or dependent child.
>	< ×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		Preceding Year	Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. * This column is for income derived from assets solely held by your spouse or dependent child.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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SCHEDULE III — LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furnitively. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

								Amou	ınt of	Amount of Liability	Ϊţ			
SP,		Date Liability		Α	В	ဂ	D	m	П	G	I	- -	ے	*
JT,	Creditor	Incurred mo/year	Type of Liability	\$10,001— \$15,000	\$15,001 \$50,000	\$50,001— \$100,000	\$100,001 \$250,000	\$250,001 \$500,000	\$500,001— \$1,000,000	\$1,000,001— \$5,000,000	\$5,000,001— \$25,000,000	\$25,000,001 \$50,000,000	Over \$50,000,000	Spouse/DC Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE			L	₽-			_		_	<u> </u>	
	N/A								:					
														<u> </u>
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SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solely of an honorary nature.	ature.
Position	Name of Organization
N/A	

SCHEDULE V — AGREEMENTS

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Identify the date service; continuefit plan mainta	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. Parties To Parties To Terms of Agreement	an the U.S. Governme
	Parties To	Terms of Agreement
The state of the s	W/N	

SCHEDULE VI - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address) Example: Doe Jones & Smith, Hometown, Homestate Accounting			
Brief Description of Duties Accounting services			