

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER

Office Use Only 2015 JUN 16 PM 12:25

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

DALE K. MENSING FOR CONGRESS

ADDRESS (number and street) P.O. BOX 1447

Check if different than previously reported. (ACC) REDWAY CA 95560-1447 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C00543553 3. IS THIS REPORT NEW OR AMENDED STATE DISTRICT CA 02

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: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 04 01 2015 through 06 30 2015

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 Dale K. Mensing Signature of Treasurer [Signature] Date 07 04 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Dale K. Mensing For Congress

Report Covering the Period: From:

04 01 2015

To:

06 30 2015

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
<input type="checkbox"/> (a) Total Contributions	1,283.00	1,496.30
<input type="checkbox"/> (other than loans) (from Line 11(e))		
<input type="checkbox"/> (b) Total Contribution Refunds	0	0
<input type="checkbox"/> (from Line 20(d))		
<input type="checkbox"/> (c) Net Contributions (other than loans)	1,283.00	1,496.30
<input type="checkbox"/> (subtract Line 6(b) from Line 6(a))		
7. Net Operating Expenditures		
<input type="checkbox"/> (a) Total Operating Expenditures	1,529.0	5,554.0
<input type="checkbox"/> (from Line 17)		
<input type="checkbox"/> (b) Total Offsets to Operating Expenditures (from Line 14)	454.33	454.33
<input type="checkbox"/> (c) Net Operating Expenditures	-301.43	1,010.7
<input type="checkbox"/> (subtract Line 7(b) from Line 7(a))		
8. Cash on Hand at Close of Reporting Period (from Line 27)	1,468.07	
9. Debts and Obligations Owed to the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed by the Committee (Itemize all on Schedule C and/or Schedule D)	500.20	

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 8

Write or Type Committee Name

Dale K. Mensing For Congress

Report Covering the Period From:

04 01 2015

To:

06 30 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
<input type="checkbox"/> (a) Individuals/Persons Other Than		
<input type="checkbox"/> <input type="checkbox"/> Political Committees	25000	25000
<input type="checkbox"/> <input type="checkbox"/> (i) Itemized (use Schedule A)		
<input type="checkbox"/> <input type="checkbox"/> (ii) Unitemized	103300	122900
<input type="checkbox"/> <input type="checkbox"/> (iii) TOTAL of contributions		
<input type="checkbox"/> <input type="checkbox"/> from individuals	128300	127900
<input type="checkbox"/> (b) Political Party Committees	0	21730
<input type="checkbox"/> (c) Other Political Committees		
<input type="checkbox"/> <input type="checkbox"/> (such as PACs)	0	0
<input type="checkbox"/> (d) The Candidate	0	0
<input type="checkbox"/> (e) TOTAL CONTRIBUTIONS		
<input type="checkbox"/> (other than loans)		
<input type="checkbox"/> (add Lines 11(a)(ii), (b), (c), and (d))	128300	149630
12. TRANSFERS FROM OTHER		
<input type="checkbox"/> AUTHORIZED COMMITTEES	0	0
13. LOANS:		
<input type="checkbox"/> (a) Made or Guaranteed by the		
<input type="checkbox"/> <input type="checkbox"/> Candidate	0	0
<input type="checkbox"/> (b) All Other Loans	0	0
<input type="checkbox"/> (c) TOTAL LOANS		
<input type="checkbox"/> (add Lines 13(a) and (b))	0	0
14. OFFSETS TO OPERATING		
<input type="checkbox"/> EXPENDITURES		
<input type="checkbox"/> (Refunds, Rebates, etc.)	45433	45433
15. OTHER RECEIPTS		
<input type="checkbox"/> (Dividends, Interest, etc.)	0	0
16. TOTAL RECEIPTS (add Lines		
<input type="checkbox"/> 11(e), 12, 13(c), 14, and 15)		
<input type="checkbox"/> (Carry Total to Line 24, page 4)	173733	195063

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	1,529.0	555.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Off-Loans Made or Guaranteed by the Candidate	1,500.0	369.00
(b) Off All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	1,500.0	369.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0	0
21. OTHER DISBURSEMENTS	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	3,029.0	924.40

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	336.4
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	1,737.33
25. SUBTOTAL (add Line 23 and Line 24)	1,770.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	3,029.0
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1,468.07

SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1 OF 1  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
**Dale K. Mensing For Congress**

Full Name (Last, First, Middle Initial)  
A. **Marie Johnson**  
Mailing Address  
**601 Hillcrest Drive**  
City **Garberville** State **CA** Zip Code **95542**

Date of Receipt  
**04 01 2015**

FEC ID number of contributing federal political committee. **C**  
Name of Employer **Self Employed** Occupation **Business Owner**  
Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date **25000**

Amount of Each Receipt this Period  
**25000**

Full Name (Last, First, Middle Initial)  
B. **N/A**  
Mailing Address  
City State Zip Code

Date of Receipt

FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
C. **N/A**  
Mailing Address  
City State Zip Code

Date of Receipt

FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... **25000**  
TOTAL This Period (last page this line number only)..... **25000**

NON-PROFIT CORPORATION

**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 1	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**Dale K. Mensing for Congress**

Full Name (Last, First, Middle Initial)  
**A. Garberville Veterans Association**

Mailing Address  
**P.O. Box 133**

City **Garberville** State **CA** Zip Code **95542**

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

Name of Employer **N/A** Occupation **N/A**

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date **4000**

Date of Receipt  
**04 / 01 / 2015**

Amount of Each Receipt this Period  
**4000**

Full Name (Last, First, Middle Initial)  
**B. County of Mendocino**

Mailing Address  
**501 Low Gap Rd.**

City **Ukiah** State **CA** Zip Code **95482**

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

Name of Employer **N/A** Occupation **N/A**

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date **41433**

Date of Receipt  
**04 / 01 / 2015**

Amount of Each Receipt this Period  
**41433**

Full Name (Last, First, Middle Initial)  
**C. N/A**

Mailing Address

City  State  Zip Code

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

Name of Employer  Occupation

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... **45433**

**TOTAL** This Period (last page this line number only)..... **45433**

11-0100000-1-NO-UNIT-ON

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 3

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

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NAME OF COMMITTEE (in Full)

Dale K. Mensing For Congress

Full Name (Last, First, Middle Initial)

A. United States Postal Service

Mailing Address

Postmaster

City

Garberville

State

CA

Zip Code

95542-9998

Purpose of Disbursement

Mailing Q2 Report

Candidate Name

Dale K. Mensing

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: CA

District: 2

Date of Disbursement

04 07 2015

Amount of Each Disbursement this Period

57.5

Full Name (Last, First, Middle Initial)

B. KMUD Radio

Mailing Address

P.O. Box 135

City

Redway

State

CA

Zip Code

95560

Purpose of Disbursement

Donation

Candidate Name

Dale K. Mensing

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: CA

District: 2

Date of Disbursement

05 01 2015

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Radio Shack

Mailing Address

429 Maple Lane

City

Garberville

State

CA

Zip Code

95542

Purpose of Disbursement

Telephone Service

Candidate Name

Dale K. Mensing

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: CA

District: 2

Date of Disbursement

05 09 2015

Amount of Each Disbursement this Period

350.0

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

607.5

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

PAGE 2 OF 3

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)

Dale K. Mensing for Congress

Full Name (Last, First, Middle Initial)

A. Garberville Veterans Association

Mailing Address P.O. Box 133

City Garberville CA State Zip Code 95542

Purpose of Disbursement Fundraiser site Rent

Candidate Name Dale K. Mensing

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State: CA District: 2

Date of Disbursement

05 12 2015

Amount of Each Disbursement this Period

4000

Full Name (Last, First, Middle Initial)

B. United States Postal Service

Mailing Address Postmaster

City Garberville CA State Zip Code 95542-9998

Purpose of Disbursement Mailing House Ethics Committee Report

Candidate Name Dale K. Mensing

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State: CA District: 2

Date of Disbursement

05 12 2015

Amount of Each Disbursement this Period

715

Full Name (Last, First, Middle Initial)

C. Radio Shack

Mailing Address 429 Maple Lane

City Garberville CA State Zip Code 95542

Purpose of Disbursement Telephone Service

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State: CA District: 2

Date of Disbursement

06 09 2015

Amount of Each Disbursement this Period

3500

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

8215

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

UN-01000001 WE 07-11-15 10:00:00 AM



**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>3</b>			
	<input checked="" 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)  
**Dale K. Mensing for Congress**

Full Name (Last, First, Middle Initial) <b>A. Garberville Rotary Club</b>		Date of Disbursement <b>06 15 2015</b>
Mailing Address <b>P.O. Box 601</b>		
City <b>Garberville</b>	State <b>CA</b>	Zip Code <b>95542</b>
Purpose of Disbursement <b>Parade Fee</b>		Amount of Each Disbursement this Period <b>1,000</b>
Candidate Name <b>Dale K. Mensing</b>	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>CA</b>	District: <b>2</b>	

Full Name (Last, First, Middle Initial) <b>B. N/A</b>		Date of Disbursement
Mailing Address		
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:	

Full Name (Last, First, Middle Initial) <b>C. N/A</b>		Date of Disbursement
Mailing Address		
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)	<b>1,000</b>
TOTAL This Period (last page this line number only)	<b>1,529.60</b>

110100001 NO: 01 NO: 01

**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)  
**Dale K. Mensing for Congress**

Full Name (Last, First, Middle Initial)

**A. Allen Shiu**

Mailing Address **319 Ansel Ave.**

City **Alameda** State **CA** Zip Code **94501**

Purpose of Disbursement **Campaign Manager Fee** Category/Type

Candidate Name **Dale K. Mensing**

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

State: **CA** District: **2**

Date of Disbursement **04 07 2015**

Amount of Each Disbursement this Period **5000**

Full Name (Last, First, Middle Initial)

**B. Allen Shiu**

Mailing Address **319 Ansel Ave**

City **Alameda** State **CA** Zip Code **94501**

Purpose of Disbursement **Campaign Manager Fee** Category/Type

Candidate Name

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

State: **CA** District: **2**

Date of Disbursement **05 23 2015**

Amount of Each Disbursement this Period **10000**

Full Name (Last, First, Middle Initial)

**C. N/A**

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State District

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... **15000**

TOTAL This Period (last page this line number only)..... **15000**

11-010000001WE:011-VE:UTWON



**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary (for) Information found on Page \_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>Dale K. Mensing For Congress</b>	FEC IDENTIFICATION NUMBER <b>C 005 43 553</b>
--	--

LENDING INSTITUTION (LENDER) Full Name <b>N/A</b>	Amount of Loan <input type="text"/>	Interest Rate (APR) <input type="text"/> %
Mailing Address	Date Incurred (or Established)	<input type="text"/> <input type="text"/> <input type="text"/>
City State Zip Code	Date Due	<input type="text"/> <input type="text"/> <input type="text"/>

A.  Has loan been restructured?  No  Yes If yes, date originally incurred:

B.  If line of credit,  Total Outstanding Balance:   
 Amount of this Draw:

C.  Are other parties secondarily liable for the debt incurred?  No  Yes (Endorsers and Guarantors must be reported on Schedule C.)

D.  Are any of the following pledged as collateral for the loan: Real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  No  Yes If yes, specify: \_\_\_\_\_  
 What is the value of this collateral?   
 Does the lender have a perfected security interest in it?  No  Yes

E.  Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What is the estimated value?

If depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2):  
 Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Date account established:

F.  If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER <input type="checkbox"/> Typed Name <input type="checkbox"/> Signature	DATE <input type="text"/> <input type="text"/> <input type="text"/>
---	--

H.  Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 For the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE <input type="text"/> <input type="text"/> <input type="text"/>
--	-------	--

14-00000-1 (NO. 07) 10-00000-1

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 1 OF 1
FOR LINE NUMBER: (1)	19
(check only one)	<input checked="" type="checkbox"/> 30

NAME OF COMMITTEE (In Full)  
**Dale K. Mensing For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Allen Shiu</b>	Nature of Debt (Purpose): <b>Campaign Manager Fee</b>
Mailing Address <b>319 Ansel Ave.</b>	
City State Zip Code <b>Alameda CA 94501</b>	

Outstanding Balance (Beginning) This Period <b>65020</b>	Amount Incurred This Period <b>0</b>	Payment This Period <b>15000</b>	Outstanding Balance at Close of This Period <b>50020</b>
---	---	-------------------------------------	---

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>N/A</b>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance (Beginning) This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
---	-----------------------------	---------------------	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>N/A</b>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance (Beginning) This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
---	-----------------------------	---------------------	---

1) SUBTOTALS (This Period This Page (optional))	<b>50020</b>
2) TOTALS (This Period (last page this line number only))	<b>50020</b>
3) TOTAL OUTSTANDING LOANS (from Schedule C (last page only))	<b>0</b>
4) ADD (2) and (3) and carry forward to appropriate line of Summary Page (last page only)	<b>50020</b>

COLLECTION NO 01-NO 11-2011

FEC FORM 32 (File with Form 3)  
 CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS  
 (To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <b>Dale K. Mensing for Congress</b>		Report Covering Period: From: <b>04 01 2015</b> To: <b>06 30 2015</b>				
Committee Name <b>Dale K. Mensing for Congress</b>				(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees	
A			250.00	∅		
B			250.00	217.30		
B I Column Total (Last Page Only)						
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made for Guaranteed by the Candidate	(h) Line No. 13(b) Total Other Loans
A	∅	∅	1,283.00	∅	∅	∅
B	∅	∅	1,496.30	∅	∅	∅
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets for Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	∅	454.33	∅	1,737.33	152.90	∅
B	∅	454.33	∅	1,950.63	555.40	∅
	(o) Line No. 19(a) Total Loan Repayments of Loans Made for Guaranteed by the Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party/Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	150.00	∅	150.00	∅	∅	∅
B	396.00	∅	369.00	∅	∅	∅
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 19 Debts & Obligations Owed to the Committee
A	∅	∅	302.90	33.64	1,468.07	∅
B	∅	∅	924.40			
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 16(c) Net Contributions	(cc) Line No. 17(c) Net Operating Expenditures			
A	500.20	1,283.00	-301.43			
B		1,496.30	101.07			

01-060000 1 WE 1011 NO 1110N

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PRIORITY MAIL

DATE OF DELIVERY SPECIFIED\*

USPS TRACKING™ INCLUDED\*

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PICKUP AVAILABLE

\* Domestic only

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CUSTOMS DECLARATION  
LABEL MAY BE REQUIRED.



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EPI4F July 2013  
00105005

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FROM:

DALE K. MENSING  
FOR CONGRESS  
P.O. Box 1447  
Redway, CA 95560

TO:

FEC  
999 E Street, NW  
Washington, DC 20463



U.S. POSTAGE  
PAID  
GARBERTVILLE, CA  
95542  
JUL 10, 15  
AMOUNT

\$5.75

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EC MAIL CENTER

JUL 16 PM 12:25

20463

1006



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9114 9999 4423 8769 6939 67

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PREPARER  
(3/2015)

7/16/15  
DATE PREPARED

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