

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

95501-1447

2. FEC IDENTIFICATION NUMBER

C00543553

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

CA 102

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 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

03 31 2013

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

Dale K. Mensing

Signature of Treasurer

Dale K. Mensing

Date

10 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.

Office Use Only

FEC FORM 3 (Revised 02/2003)

FESAN018

RECEIVED

2014 OCT 20 AM 10:13

FEC MAIL CENTER

110301100110011

Writer/Type/Committee Name  
**Dale K. Mensing For Congress**

Report Covering the Period: From: **03 31 2013** To: **09 30 2014**

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
<input type="checkbox"/> (a) Total Contributions	542887	542887
<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)	542887	542887
<input type="checkbox"/> (subtract Line 6(b) from Line 6(a))		
7. Net Operating Expenditures		
<input type="checkbox"/> (a) Total Operating Expenditures	535457	535457
<input type="checkbox"/> (from Line 17)		
<input type="checkbox"/> (b) Total Offsets to Operating	0	0
<input type="checkbox"/> Expenditures (from Line 14)		
<input type="checkbox"/> (c) Net Operating Expenditures	535457	535457
<input type="checkbox"/> (subtract Line 7(b) from Line 7(a))		
8. Cash on Hand at Close of		
<input type="checkbox"/> Reporting Period (from Line 27)	7430	
9. Debts and Obligations Owed TO		
<input type="checkbox"/> the Committee (Itemize all)	0	
<input type="checkbox"/> Schedule C (and/or) Schedule D		
10. Debts and Obligations Owed BY		
<input type="checkbox"/> the Committee (Itemize all)	91920	
<input type="checkbox"/> Schedule C (and/or) Schedule D		

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

110001-11001-10001

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Dale K. Mensing For Congress

Report Covering the Period: From: 03 31 2013 To: 09 30 2014

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"/> Political Committees		
<input type="checkbox"/> (i) Itemized (use Schedule A)	0	0
<input type="checkbox"/> (ii) Unitemized	350,137	350,137
<input type="checkbox"/> (iii) TOTAL of Contributions	350,137	350,137
<input type="checkbox"/> from individuals		
<input type="checkbox"/> (b) Political Party Committees	0	0
<input type="checkbox"/> (c) Other Political Committees	0	0
<input type="checkbox"/> (such as PACs)	0	0
<input type="checkbox"/> (d) The Candidate	192,750	192,750
<input type="checkbox"/> (e) TOTAL CONTRIBUTIONS	542,887	542,887
<input type="checkbox"/> (other than loans)		
<input type="checkbox"/> (add Lines 11(a)(ii), (b), (c), and (d))		
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"/> Candidate	0	0
<input type="checkbox"/> (b) All Other Loans	0	0
<input type="checkbox"/> (c) TOTAL LOANS	0	0
<input type="checkbox"/> (add Lines 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES		
<input type="checkbox"/> (Refunds, Rebates, etc.)	0	0
15. OTHER RECEIPTS		
<input type="checkbox"/> (Dividends, Interest, etc.)	0	0
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)		
<input type="checkbox"/> (Carry Total to Line 24, page 4)	542,887	542,887

FROM: 11/1/2013

DETAILED SUMMARY PAGE  
of Disbursements

II. DISBURSEMENTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

17. OPERATING EXPENDITURES	5,354.57	5,354.57
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0	0
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)	5,354.57	5,354.57

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	0
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	5,428.87
25. SUBTOTAL (add Line 23 and Line 24)	5,428.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	5,354.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	74.30

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE OF

(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.**

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

Full Name (Last, First, Middle Initial)

**B.**

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

Full Name (Last, First, Middle Initial)

**C.**

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)..... **0**

TOTAL This Period (last page this line number only)..... **0**

01200 11011 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 1 OF 11
	<input checked="" 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)  
**Dale K. Mensing For Congress**

**A. The Paper Mill**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address **752 Redwood Drive**

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

Purpose of Disbursement  
**Indicia Stamper**

Candidate Name  
**Dale K. Mensing**

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

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

Date of Disbursement: **05 / 15 / 2013**

Amount of Each Disbursement this Period: **353.0**

**B. United States Postal Service**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address **Postmaster**

City **Redway** State **CA** Zip Code **95560-9998**

Purpose of Disbursement  
**Post Office Box Rental**

Candidate Name  
**Dale K. Mensing**

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

State: **CA** District: \_\_\_\_\_

Date of Disbursement: **03 / 12 / 2013**

Amount of Each Disbursement this Period: **640.0**

**C. The Paper Mill**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address **752 Redwood Drive**

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

Purpose of Disbursement  
**Printing of Fliers**

Candidate Name  
**Dale K. Mensing**

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

State: **CA** District: \_\_\_\_\_

Date of Disbursement: **06 / 12 / 2013**

Amount of Each Disbursement this Period: **128.20**

**SUBTOTAL** of Disbursements This Page (optional) ..... **227.50**

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

FROM: ANNA BOON

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

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

FOR LINE NUMBER: PAGE 2 OF 11

(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**

**A. Legacy Checks**

Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Disbursement **04 22 2013**

Mailing Address **920 19th Street North**

City **Birmingham** State **AL** Zip Code **35203**

Purpose of Disbursement **Purchase of checks for checking Account** Amount of Each Disbursement this Period **1423**

Candidate Name **Dale K. Mensing** Category/Type \_\_\_\_\_

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

State: **CA** District: \_\_\_\_\_

**B. United States Postal Service**

Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Disbursement **04 29 2013**

Mailing Address **Postmaster**

City **Garberville** State **CA** Zip Code **95542-9998**

Purpose of Disbursement **certified postage** Amount of Each Disbursement this Period **35.6**

Candidate Name **Dale K. Mensing** Category/Type \_\_\_\_\_

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

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

**C. Garberville Rotary Club**

Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Disbursement **06 07 2013**

Mailing Address **P.O. Box 601**

City **Garberville** State **CA** Zip Code **95542-0601**

Purpose of Disbursement **Parade Fee** Amount of Each Disbursement this Period **1000**

Candidate Name **Dale K. Mensing** Category/Type \_\_\_\_\_

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

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

SUBTOTAL of Disbursements This Page (optional) ..... **2779**

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

FORM 1001-0010

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

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

FOR LINE NUMBER: PAGE **3** OF **11**

(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**

**A. King Range Books**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address **901 Redwood Drive**  
 City **Garberville** State **CA** Zip Code **95542**  
 Purpose of Disbursement **Prizes For Drawing**  
 Candidate Name **Dale K. Mensing**  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: **CA** District:

Date of Disbursement: **06 20 2013**  
 Amount of Each Disbursement this Period: **1398**

**B. The Paper Mill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address **752 Redwood Drive**  
 City **Garberville** State **CA** Zip Code **95542**  
 Purpose of Disbursement **Printing Handouts**  
 Candidate Name **Dale K. Mensing**  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: **CA** District:

Date of Disbursement: **09 30 2013**  
 Amount of Each Disbursement this Period: **3225**

**C. Garberville Veterans Association**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address **P.O. Box 133**  
 City **Garberville** State **CA** Zip Code **95542-0133**  
 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:

Date of Disbursement: **10 11 2013**  
 Amount of Each Disbursement this Period: **4000**

SUBTOTAL of Disbursements This Page (optional) ..... **8623**  
 TOTAL This Period (last page this line number only) .....

110000110000



**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 **11**

17  
20a

18  
20b

19a  
20c

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)  
**Dale K. Mensing For Congress**

**A. Emerald Technologies**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address **915 Redwood Drive Suite D**

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

Purpose of Disbursement **Computer Repair**

Candidate Name **Dale K Mensing**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

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

Date of Disbursement: **12 05 2013**

Amount of Each Disbursement this Period: **4500**

**B. United States Postal Service**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address **Postmaster**

City **Garberville** State **CA** Zip Code **95542-9998**

Purpose of Disbursement **Certified Postage**

Candidate Name **Dale K Mensing**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

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

Date of Disbursement: **12 23 2013**

Amount of Each Disbursement this Period: **560**

**C. Elissa Wadleigh**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address **P.O. Box 703**

City **Sonoma** State **CA** Zip Code **95476**

Purpose of Disbursement **Campaign Training**

Candidate Name **Dale K. Mensing**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

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

Date of Disbursement: **12 30 2013**

Amount of Each Disbursement this Period: **3500**

SUBTOTAL of Disbursements This Page (optional) ..... **8560**

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

CAMPAIGN FINANCIAL REPORT

**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 11

<input checked="" 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)  
**Dale K. Mensing For Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>	Date of Disbursement <b>01 14 2014</b>
Mailing Address <b>Postmaster</b>	Amount of Each Disbursement this Period <b>3360</b>
City <b>Ganberville</b> State <b>CA</b> Zip Code <b>95542-9998</b>	Purpose of Disbursement <b>Mail Out Flier Packets</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. United States Postal Service</b>	Date of Disbursement <b>02 25 2014</b>
Mailing Address <b>Postmaster</b>	Amount of Each Disbursement this Period <b>3000</b>
City <b>Redway</b> State <b>CA</b> Zip Code <b>95560-9998</b>	Purpose of Disbursement <b>Post office Box Rent</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>c. California Secretary of State</b>	Date of Disbursement <b>02 19 2014</b>
Mailing Address <b>1500 11th Street</b>	Amount of Each Disbursement this Period <b>168258</b>
City <b>Sacramento</b> State <b>CA</b> Zip Code <b>95814</b>	Purpose of Disbursement <b>Filing Fee</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>	

SUBTOTAL of Disbursements This Page (optional).....	<b>174618</b>
TOTAL This Period (last page this line number only).....	

110001 110001 110001

**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 6 OF 11
	<input checked="" 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)  
**Dale K Mensing For Congress**

**A. Radio Shack**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address **429 Maple Lane**

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

Purpose of Disbursement **Camera Purchase**

Candidate Name **Dale K. Mensing** Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

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

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement **03 10 2014**

Amount of Each Disbursement this Period **10311**

**B. Radio Shack**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address **429 Maple Lane**

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

Purpose of Disbursement **Phone Minutes**

Candidate Name **Dale K. Mensing** Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

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

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement **04 01 2014**

Amount of Each Disbursement this Period **3999**

**C. United States Postal Service**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address **Postmaster**

City **Garberville** State **CA** Zip Code **95542-9998**

Purpose of Disbursement **Flier Mailing**

Candidate Name **Dale K. Mensing** Category/Type \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

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

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement **04 04 2014**

Amount of Each Disbursement this Period **1120**

SUBTOTAL of Disbursements This Page (optional) **15330**

TOTAL This Period (last page this line number only) \_\_\_\_\_

NOTE: PRINT DOWN

**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 11

17  
20a  18  
20b  19a  
20c  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)  
**Dale K. Mensing For Congress**

**A. Times Printing**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
Date of Disbursement: 04 / 29 / 2014

Mailing Address: 106 T street  
City: Eureka State: CA Zip Code: 95501-0503  
Amount of Each Disbursement this Period: 29331

Purpose of Disbursement: Remittance Envelopes Printing  
Candidate Name: Dale K. Mensing  
Category/Type: \_\_\_\_\_

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

State: CA District: 2

**B. Louis Moskowitz**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
Date of Disbursement: 04 / 28 / 2014

Mailing Address: P.O. Box 2580  
City: Redway State: CA Zip Code: 95560  
Amount of Each Disbursement this Period: 2000

Purpose of Disbursement: Photography  
Candidate Name: Dale K. Mensing  
Category/Type: \_\_\_\_\_

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

State: CA District: 2

**C. Radio Shack**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
Date of Disbursement: 05 / 12 / 2014

Mailing Address: 429 Maple Lane  
City: Garberville State: CA Zip Code: 95542  
Amount of Each Disbursement this Period: 3900

Purpose of Disbursement: Phone Minutes  
Candidate Name: Dale K. Mensing  
Category/Type: \_\_\_\_\_

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

State: CA District: 2

SUBTOTAL of Disbursements This Page (optional) ..... 35231

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

LAWRENCE: 1-800-4-A-ACCOUNT

**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 8 OF 11
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b
	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<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)  
**Dale K. Mensing For Congress**

A. **Emerald Technologies**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address **915 Redwood Drive Suite D**  
 City **Garberville** State **CA** Zip Code **95542**  
 Purpose of Disbursement **Computer Tune Up**  
 Candidate Name **Dale K. Mensing**  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: **CA** District: **2**  
 Date of Disbursement **05 27 2014**  
 Amount of Each Disbursement this Period **5000**

B. **Healy Senior Center**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address **P.O. Box 1849**  
 City **Redway** State **CA** Zip Code **95560-1849**  
 Purpose of Disbursement **Computer Lesson**  
 Candidate Name **Dale K. Mensing**  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: **CA** District: **2**  
 Date of Disbursement **05 30 2014**  
 Amount of Each Disbursement this Period **1500**

C. **Garberville Rotary Club**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address **P.O. Box 601**  
 City **Garberville** State **CA** Zip Code **95542**  
 Purpose of Disbursement **Parade Fee**  
 Candidate Name **Dale K. Mensing**  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify)  
 State: **CA** District: **2**  
 Date of Disbursement **06 07 2014**  
 Amount of Each Disbursement this Period **1000**

SUBTOTAL of Disbursements This Page (optional)..... **7500**  
 TOTAL This Period (last page this line number only).....

14000100010001

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

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

FOR LINE NUMBER: PAGE **9** OF **11**  
(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**

**A. Radio Shack**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address **429 Maple Lane**

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

Purpose of Disbursement  
**Purchase Telephone**

Candidate Name  
**Dale K. Mensing**

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

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

Date of Disbursement: **06 19 2014**

Amount of Each Disbursement this Period: **7799**

**B. Emerald Technologies**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address **915 Redwood Drive Suite D**

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

Purpose of Disbursement  
**Flier Printing**

Candidate Name  
**Dale K. Mensing**

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

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

Date of Disbursement: **06 30 2014**

Amount of Each Disbursement this Period: **753**

**C. Radio Shack**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address **429 Maple Lane**

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

Purpose of Disbursement  
**Phone Minutes**

Candidate Name  
**Dale K. Mensing**

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

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

Date of Disbursement: **07 07 2014**

Amount of Each Disbursement this Period: **7000**

SUBTOTAL of Disbursements This Page (optional) ..... **1552**

TOTAL This Period (last page this line number only) ..... **1552**

UNIONBANK.COM

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 checked="" 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)  
**Dale K. Mensing For Congress**

Full Name (Last, First, Middle Initial) <b>A. Garberville Veterans Association</b>		Date of Disbursement <b>07 21 2014</b>
Mailing Address <b>P.O. Box 133</b>		Amount of Each Disbursement this Period <b>4000</b>
City <b>Garberville CA</b>	State <b>CA</b>	
Zip Code <b>95542</b>		Category/Type <input type="checkbox"/>
Purpose of Disbursement <b>Fundraiser Site Rent</b>		
Candidate Name <b>Dale K. Mensing</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>CA</b> District: <b>2</b>		

Full Name (Last, First, Middle Initial) <b>B. Mendocino County Clerk</b>		Date of Disbursement <b>08 05 2014</b>
Mailing Address <b>501 Low Gap Road</b>		Amount of Each Disbursement this Period <b>1,500.00</b>
City <b>Ukiah</b>	State <b>CA</b>	
Zip Code <b>95482</b>		Category/Type <input type="checkbox"/>
Purpose of Disbursement <b>Ballot Statement</b>		
Candidate Name <b>Dale K. Mensing</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>CA</b> District: <b>2</b>		

Full Name (Last, First, Middle Initial) <b>C. Del Norte County Clerk Recorder</b>		Date of Disbursement <b>08 05 2014</b>
Mailing Address <b>981 H Street Suite 160</b>		Amount of Each Disbursement this Period <b>37500</b>
City <b>Crescent City CA</b>	State <b>CA</b>	
Zip Code <b>95531</b>		Category/Type <input type="checkbox"/>
Purpose of Disbursement <b>Ballot Statement</b>		
Candidate Name <b>Dale K. Mensing</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>CA</b> District: <b>2</b>		

SUBTOTAL of Disbursements This Page (optional).....	<b>191500</b>
TOTAL This Period (last page this line number).....	

ORIGINAL 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 11 OF 11

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. Trinity County Clerk Recorder**

Mailing Address  
**P.O. Box 1215**

City **Weaverville** State **CA** Zip Code **96093**

Purpose of Disbursement  
**Ballot Statement**

Candidate Name  
**Dale K. Mensing**

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

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

Date of Disbursement  
**08 05 2014**

Amount of Each Disbursement this Period  
**2750.00**

Full Name (Last, First, Middle Initial)  
**B. United States Postal Service**

Mailing Address  
**Postmaster**

City **Redway** State **CA** Zip Code **95560-9998**

Purpose of Disbursement  
**Post Office Box Rent**

Candidate Name  
**Dale K. Mensing**

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

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

Date of Disbursement  
**08 28 2014**

Amount of Each Disbursement this Period  
**300.00**

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

Mailing Address  
**800 W. Harris Street**

City **Eureka** State **CA** Zip Code **95503**

Purpose of Disbursement  
**Camera Purchase**

Candidate Name  
**Dale K. Mensing**

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

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

Date of Disbursement  
**03 27 2014**

Amount of Each Disbursement this Period  
**225.14**

**SUBTOTAL** of Disbursements This Page (optional)..... **5301.4**

**TOTAL** This Period (last page this line number only)..... **5354.57**



**SCHEDULE C (FEC Form 3)**

**LOANS**

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

PAGE / OF /

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

*Dale K. Mensing For Congress*

LOAN SOURCE Full Name (Last, First, Middle Initial)

*N/A*

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M  D  Y  Y  M  D  Y  Y  % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)  0

TOTALS This Period (last page in this line only)  0

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

ACTION PLAN ONLINE

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

PAGE 1 OF 1

FOR LINE NUMBER: (check only one)  13a  13b

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

LOAN SOURCE Full Name (Last, First, Middle Initial)  
*N/A*

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2010021000110001

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

Supplementary (or) Information Found on Page: N/A 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>00543553</b>
--	--

LENDING INSTITUTION (LENDER) Full Name <b>N/A</b>	Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address _____ City: _____ State: _____ Zip Code: _____	Date Incurred (or) Established ____/____/____	Date Due ____/____/____

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? \_\_\_\_\_

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

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  
 Typed Name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 DATE \_\_\_\_\_/\_\_\_\_/\_\_\_\_

H. Attach a signed copy of the loan agreement.  
 I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 To 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.  
 If 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 creditworthiness.  
 This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and that it 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 \_\_\_\_\_/\_\_\_\_/\_\_\_\_

2000010000

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 1 OF 1
FOR LINE NUMBER (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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>268 Bush Street #2722</b>	
City State Zip Code <b>San Francisco CA 94104</b>	

Outstanding Balance Beginning This Period <b>0</b>	Amount Incurred This Period <b>9,192.00</b>	Payment This Period <b>0</b>	Outstanding Balance at Close of This Period <b>9,192.00</b>
---	--	---------------------------------	--

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	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	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>9,192.00</b>
2) TOTALS (This Period) (last page) (this line number only)	<b>9,192.00</b>
3) TOTAL (OUTSTANDING LOANS) (from Schedule C) (last page only)	<b>9,192.00</b>
4) ADD (2) and (3) and carry forward to appropriate line of Summary Page (last page only)	<b>9,192.00</b>

1-800-4-NUM-BEATS

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>03 31 2013</b> To: <b>09 30 2014</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		3,501.37		Ø	
B 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 or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A Ø	1,927.50	5,428.87	Ø	Ø	Ø
B					
(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to 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 Ø	Ø	Ø	5,428.87	5,354.57	Ø
B					
(o) Line No. 19(a) Total Loans Repayments of Loans Made or Guaranteed by the Candidate	(p) Line No. 19(b) Total Loans 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 Ø	Ø	Ø	Ø	Ø	Ø
B					
(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. 18 Debts & Obligations Owed to the Committee
A Ø	Ø	Ø	Ø	74.30	Ø
B					
(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 919.20	5,428.87	5,354.57			
B					

NOTICE: NUMBER DOWN

PRESS FIRMLY TO SEAL

**PRIORITY®  
★ MAIL ★**

DATE OF DELIVERY SPECIFIED\*

USPS TRACKING™ INCLUDED\*

INSURANCE INCLUDED\*

PICKUP AVAILABLE

\* Domestic only

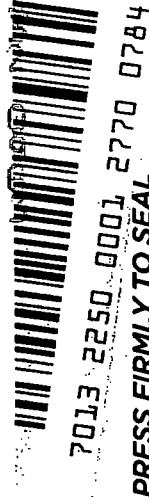
WHEN USED INTERNATIONALLY,  
A CUSTOMS DECLARATION  
LABEL MAY BE REQUIRED.

**RETURN RECEIPT  
REQUESTED**



PS0001000014

EPI4F July 2013  
OD: 12.5 x 9.5



7013 2250 0001 2770 0784  
PRESS FIRMLY TO SEAL

1006



U.S. POSTAGE  
PAID  
GARBERVILLE, CA  
95542  
OCT 14 14  
AMOUNT

**\$11.75**  
7013 2250 0001 2770 0784

FROM:

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

TO: Federal Election Commission  
999 E. St. NW  
Washington DC 20463

RECEIVED

2014 OCT 20 AM 10:13  
REC MAIL CENTER



VISIT US AT **USPS.COM®**  
ORDER FREE SUPPLIES ONLINE

This packaging is the property of the U.S. Postal Service® and is provided solely for use in sending Priority Mail® shipments. Misuse may be a

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.

140000100010001

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked <i>10/14/14</i>
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input 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

*AAO*  
 PREPARER  
 (8/2013)

*10/20/14*  
 DATE PREPARED