CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT **State of Nevada**

SNMIC 1241

Name (print) | Office (if applicable) | District (if applicable)

423 Rhythm St Henderson, NV 89074 702-272-9969

Mailing Address (include city and zip code) | Telephone No.

fmengwasse@aol.com 27706

E-Mail Address

Select Appropriate Box(es): ☐ CANDIDATE ☑ PAC ☐ POL PRTY ☐ IND EXP ☐ NONPROFIT CORP ☐ AMENDED ☐ LEGAL DEFENSE FUND

☐ **Annual Filing - Due January 15, 2011**
Period: January 1, 2008 – December 31, 2008

☑ **Report #1 Due — May 31, 2011***
Period: Jan. 1, 2011 — May 26, 2011

☐ **Report #2 Due — July 15, 2011***
Period: May 27, 2011 — June 30, 2011

☐ **Annual Filing – Due January 15, 2012**
*Period: July 1, 2011 – December 31, 2011
**Period: Jan. 1, 2011 – December 31, 2011

FILED
JUN 27 2011
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ELECTIONS DIVISION
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*** These Reports are filed by incumbents/candidates running for office in the 2011 election cycle**
**** These Reports are filed by incumbents not running for office this cycle who: (1) raised contributions in excess of $100; or (2) have money left over from a previous campaign**

CONTRIBUTIONS SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of $100 **(See page 2 of instruction sheet)**	None	None
2. Total Monetary Contributions in the form of loans guaranteed by a third party. **(See page 2 of instruction sheet)**	None	None
3. Total Monetary Contributions in the form of loans that were forgiven **(See page 2 of instruction sheet)**	None	None

	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
4. **Total Amount of Monetary Contributions Received** (Add Lines 1 through 3) **(See page 2 of instruction sheet)**	None	None
5. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) **(See page 2 of instruction sheet)**	None	None
6. Total Value of In Kind Contributions Received in Excess of $100 **(See page 2 of instruction sheet)**	None	None

EXPENSES SUMMARY

7. Total Monetary Expenses Paid in Excess of $100 **(See page 2 of instruction sheet)**	None	None
8. **Total Amount of All Monetary Expenses Paid** (Add Lines 7 and 8) **(See page 2 of instruction sheet)**	None	None
9. Total Value of In Kind Expenses in Excess of $100 **(See page 3 of instruction sheet)**	None	None

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature: [signature] Date: 6-23-11