

## UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL			
OMB	3235-		
Number:	0104		
Estimated average	ge		
burden hours per	٢		
response	0.5		

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)									
Name and Address of Reporting Person * Blazeck James	State (Mor	ment nth/Day/Year)		3. Issuer Name and Ticker or Trading Symbol Mentor Capital, Inc. [MNTR]					
(Last) (First) (M 536 OVERLOOK DRIVE	iddle) 01/1	9/2015		4. Relationship of Person(s) to Issuer		uer		5. If Amendment, Date Original Filed(Month/Day/Year)	
PITTSBURG, PA 15216				(Check all applicable) _X_ Director 10% Owner Officer (give Other (specify title below) below)			6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (	Zip)	Table I - Non-Derivative Securities Beneficially Owned					Owned		
1.Title of Security (Instr. 4)		2. Amount of Beneficially (Instr. 4)			3. Ownership Form: Dire (D) or Indirect (I) (Instr. 5)	Ownership Form: Direct (D) or Indirect (I)		ature of Indirect Beneficial nership tr. 5)	
Common Stock		47,5	550		D				
not require number.	vho respond ed to respon	to the collect ad unless the	ction of inf form disp	ormation plays a c	n containe urrently va	d in thi	is form are IB control	SEC 1473 (7-02)	
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration Da (Month/Day/Year	risable and ate	3. Title and Amount Securities Underlying Derivative Security (Instr. 4)		of 4. g Conversion or Exercise Price of		5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount Number Shares		ty	Security: Direct (D) or Indirect (I) (Instr. 5)		
Series D Warrant	04/11/2000	05/11/2038	Common Shares	210,027	\$ 1.6		D		
Reporting Owner	rs .								

Reporting Owner Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Blazeck James						
536 OVERLOOK DRIVE	X					
PITTSBURG, PA 15216						

## Signatures

James Blazeck	02/14/2015
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.