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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

SECRETARY OF TOP

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(Revised 02/2003)

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|-----------------------------|----------------------|----------------|---------------------|---|----------------|--------------------|-------------------|-----------------|
| NAME OF COMMITTEE (in | | OR PRINT V | | cample: If typin er the lines. | g, type | 12FE4M | 5 | |
| , CALLAHAN F | OR OREGON | | | | | | | , |
| | | | | | 1 1 | | | |
| | | | | 1 | | 1 1 1 1 | .1 1 1 1 1 | |
| ADDRESS (number ar | 1 1 | OX 4352 | | | 1 1 1 | | | |
| Check if di | fferent | | | | | | | |
| than previo reported. (A | usly ¡ SALE | :M ! | 1 1 | | 11 | OR 97302 | | |
| 2. FEC IDENTIFIC | CATION NUMBER | ▼ _ | CITY A | ··· .·· | | STATE A | ZIP C | |
| C C005481 | 15 | 3. | . IS THIS REPORT | NEW (N) | OR | × AMENI (A) | | TE ▼ DISTRICT |
| 4. TYPE OF RE | PORT (Choose On | e) (b) | 12-Day PRF | -Election Repo | ert for the | | | |
| (a) Quarterly R | eports: | (-/ | - | · | | | | |
| April 15 | Quarterly Report (C | 1) | × | Primary (12P) | | General (* | | Runoff (12R) |
| July 15 | Quarterly Report (Q | 2) | | Convention (| 12C) | Special (1 | 2S) | |
| Octobe | r 15 Quarterly Repor | t (Q3) | Election on | M M / | 20 / | 2014 | in th State | · OR |
| January | 31 Year-End Report | (YE) (c) | 30-Day POS | T-Election Rep | ort for the: | | * | |
| | | | | General (30G |) | Runoff (30 | DR) | Special (30S) |
| Termina | tion Report (TER) | | Election on | ₩ M / | | Y Y Y | in th State | - |
| 5. Covering Period | м м / г 04 | 0 / Y | y y y 2014 | through | м м 04 | / D D / | y y y 2014 | , M+. + |
| certify that I have e | xamined this Repor | t and to the | best of my kn | owledge and b | elief it is tr | ue, correct and | d complete. | |
| Type or Print Name of | | K ALLEN CAL | | - | | ···· | | |
| Signature of Treasure | r <u>MARK ALLEN</u> | CALLAHAN | | | | M M 05 Date | / D D | Y Y Y 2014 |
| NOTE: Submission of | false, erroneous, or | ncomplete infe | ormation may | subject the pers | son signing t | this Report to the | he penalties of 2 | 2 U.S.C. §437g. |
| Office Use | | | | | | | FEC FO | |

FEC Form 3 (Revised 02/2003)

SUMMARY PAGE of Receipts and Disbursements

PAGE 2 / 15

Write or Type Committee Name

CALLAHAN FOR OREGON

Report Covering the Period:

From:

"04" / B 1

y y 2014

To:

MO4 / B30 B

2014

| | | | | OLUMN his Peri | | CO Election | LUMN I Cycle-to | |
|-----|-----|--|---|-------------------|---------|----------------|--------------------|--------------|
| 6. | Net | t Contributions (other than loans) | | | | | · | |
| | (a) | Total Contributions (other than loans) (from Line 11(e)) | , | , | 1890.00 | , | , | 19189.54 |
| | (b) | Total Contribution Refunds (from Line 20(d)) | , | , | 0.00 | , | , | <u>o</u> .00 |
| | (c) | Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | , | , | 1890.00 | y | , | 19189.54 |
| 7. | Net | Operating Expenditures | | | | | | |
| | (a) | Total Operating Expenditures (from Line 17) | , | , | 4578.31 | , | , | 22434.98 |
| | (b) | Total Offsets to Operating Expenditures (from Line 14) | , | , | 0.00 | , | , | 0.00 |
| | (c) | Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | , | 7 | 4578.31 | 1 | , | 22434.98 |
| 8. | | sh on Hand at Close of porting Period (from Line 27) | , | , | 3254.56 | | | |
| 9. | the | ots and Obligations Owed TO Committee (Itemize all on additional and/or Schedule D) | , | , | 0.00 | | | |
| 10. | the | ots and Obligations Owed BY Committee (Itemize all on sedule C and/or Schedule D) | , | , | 6500.00 | | | |

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FEC Form 3 (Revised 12/2003)

DETAILED SUMMARY PAGE

of Receipts

PAGE 3 / 15

Write or Type Committee Name

CALLAHAN FOR OREGON

Report Covering the Period:

From:

M M / D D / Y Y Y Y O4 01 2014

To:

им / в в 04 30

| | I. RECEIPTS | | COLUMN A Total This Period | | | COLUMN B Election Cycle-to-Date | | |
|-----|--|------------|-------------------------------|---------|------------|---------------------------------|--------------|--|
| 11. | CONTRIBUTIONS (other than loans) FROM: | | | | | | | |
| | (a) Individuals/Persons Other Than Political Committees | | | | | | | |
| | (i) Itemized (use Schedule A) | , | , | 1750.00 | , | , | 7500.00 | |
| | (ii) Unitemized(iii) TOTAL of contributions | 7 | , | 125.00 | , | , | 2600.00 | |
| | from individuals . | 7 | , | 1875.00 | , | ., | 10100.00 | |
| | (b) Political Party Committees (c) Other Political Committees | , | 3 . | 0.00 | , | , | 0.00 | |
| | (such as PACs) | , | , | 0.00 | y - | 7 | 0.00 | |
| | (d) The Candidate (e) TOTAL CONTRIBUTIONS | 7 | , | 15.00 | 7 | , | 9089.54 | |
| · | (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 7 | 7 ' | 1890.00 | , | 7 | 19189.54 | |
| 12. | TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | , | , | 0.00 | , | , | 0.00 | |
| 13. | LOANS: | | | | | | | |
| | (a) Made or Guaranteed by the Candidate | y - | , | 2500.00 | , | , | 6500.00 | |
| | (b) All Other Loans (c) TOTAL LOANS | 3 | , | 0.00 | , | , | 0.00 | |
| | (add Lines 13(a) and (b)) | , | , | 2500.00 | , | 7 | 6500.00 | |
| | OFFSETS TO OPERATING EXPENDITURES | | | | | | | |
| | (Refunds, Rebates, etc.) | , | , | 0.00 | 7 | , | 0.00 | |
| | OTHER RECEIPTS (Dividends, Interest, etc.) | , | , | 0.00 | 7 | , | <u>o</u> .00 | |
| | TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) | , | , | 4390.00 | , | , | 25689.54 | |

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements

PAGE 4 / 15

| II. DISBURSEMENTS | | II. DISBURSEMENTS | COLUMN A Total This Period | | | COLUMN B Election Cycle-to-Date | | |
|-------------------|-----|---|-------------------------------|----------|---------|---------------------------------|------------|----------|
| 17. | OP | ERATING EXPENDITURES | y | , | 4578.31 | , | 7 | 22434.98 |
| 18. | | ANSFERS TO OTHER THORIZED COMMITTEES | 7 | , | 0.00 | , | , | 0.00 |
| 19. | | AN REPAYMENTS: | | | | | | |
| | (a) | Of Loans Made or Guaranteed by the Candidate | , | 7 | 0.00 | , | 5 ' | 0.00 |
| | (b) | Of All Other Loans | , | • | 0.00 | 7 | ·y | 0.00 |
| | (C) | TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) | 7 | .9 | 0.00 | , | 7 | 0.00 |
| 20. | | FUNDS OF CONTRIBUTIONS TO: | | | | | | |
| | (a) | Individuals/Persons Other Than Political Committees | , | , | 0.00 | , | , | 0.00 |
| | (p) | Political Party Committees | 7 | , | 0.00 | , | 7 | 0.00 |
| | (c) | Other Political Committees (such as PACs) | | , | 0.00 | , | , | 0.00 |
| | (d) | TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) | , | 7 | 0.00 | 3 ' | , | 0.00 |
| 21. | ОТІ | HER DISBURSEMENTS | , | , | 0.00 | , | 7 | 0.00 |
| 22. | | TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21) | · y | , | 4578.31 | , | , | 22434.98 |
| | | III. CASH SUN | MARY | | | | | |
| 23. | CAS | SH ON HAND AT BEGINNING OF REPORT | ING PERIOD | | | , | 3 ' | 3442.87 |
| 24 | тот | TAL RECEIPTS THIS PERIOD (from Line 16 | i, page 3) | | | , | , | 4390.00 |
| 25. | SUE | BTOTAL (add Line 23 and Line 24) | | | | , | , | 7832.87 |
| 26. | тот | TAL DISBURSEMENTS THIS PERIOD (from | Line 22) | | | , | 7 | 4578.31 |
| 27. | | SH ON HAND AT CLOSE OF REPORTING otract Line 26 from Line 25) | PERIOD | | | , | , | 3254.56 |

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SCHEDULE A (FEC Form 3)

| | FOR LINE I | NUMBER: | F | AGE | 5 | OF | 15 |
|---|-------------|---------|---------|------|----|-----|-----|
| | (check only | one) | | | | | |
| 1 | X 11a | 11b | <u></u> | 1c _ | 11 | d | |
| | 12 | 13a | 1: | 3b | 14 | , [| 715 |

| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a |
|---|---|--|
| Any information copied from such Reports and Stator for commercial purposes, other than using the n | tements may not be sold or used by any ame and address of any political committee | person for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON | | |
| Full Name (Last, First, Middle Initial) Dan Clopton Mailing Address 3655 West 18th City | State Zip Code | Date of Receipt M M / D D / Y Y Y 04 03 2014 Transaction ID : SA11AI.4698 |
| | OR 97402 Cocupation | Amount of Each Receipt this Period |
| Receipt For: 2014 Primary General Other (specify) | Election Cycle-to-Date | In-kind - Campaign Management Services |
| Full Name (Last, First, Middle Initial) Mailing Address City | State Zip Code | Date of Receipt M M / / Y Y Y Y |
| | Cocupation | Amount of Each Receipt this Period |
| | Election Cycle-to-Date | , , |
| Full Name (Last, First, Middle Initial) Mailing Address City | State Zip Code | Date of Receipt M M / / Y Y Y |
| | C | Amount of Each Receipt this Period |
| | lection Cycle-to-Date | , |
| SUBTOTAL of Receipts This Page (optional) | | 1750.00 |
| TOTAL This Period (last page this line number only | 3 | 1750.00 |

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SCHEDULE A (FEC Form 3)

| | FOR LINE NUMBER: | PAGE 6 OF 1 |
|--|------------------|-------------|
| Jse separate schedule(s) | (check only one) | |
| for each category of the Detailed Summary Page | 11a 11b |]11c 🔀 11d |
| Detailed Suffirmary Fage | 12 13a | 13b 14 1 |

| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | 11a 11b 11c X 11d 12 13a 13b 14 15 |
|---|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements m the name and a | ay not be sold or used by any address of any political committe | person for the purpose of soliciting contributions ee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON | | | |
| Full Name (Last, First, Middle Initial) MARK ALLEN CALLAHAN | | | Date of Receipt |
| Mailing Address PO BOX 4352 | | | M M / D D / Y Y Y Y O4 08 2014 |
| City SALEM | State OR | Zip Code 97302 | Transaction ID : SA11D.4711 |
| FEC ID number of contributing federal political committee. | C 540 | DR00172 | Amount of Each Receipt this Period |
| Name of Employer Robert Half International Receipt For: 2014 | | Technology Consultant | Campaign contribution |
| Primary General Other (specify) | | , , , , , , , | |
| Full Name (Last, First, Middle Initial) 3. | | | Date of Receipt |
| Mailing Address City | State | Zip Code | M M / / Y Y |
| • | - Olale | Zip Gode | |
| FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period |
| Name of Employer | Occupation | | , , |
| Receipt For: Primary General Other (specify) | Election Cy | cle-to-Date | |
| Full Name (Last, First, Middle Initial) | <u> </u> | | Date of Receipt |
| Mailing Address | | | M M / / Y Y |
| City | State | Zip Code | |
| FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period |
| Name of Employer | Occupation | | , , |
| Receipt For: Primary General Other (specify) | Election Cy | | |
| | | , j | 15.00 |
| SUBTOTAL of Receipts This Page (optional) | *************************************** | | , , , , |
| TOTAL This Period (last page this line numbe | r only) | **** | 15.00 |

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| SCHEDULE A (FEC Form 3) | | FOR LINE NUMBER: PAGE 7 OF 15 |
| | Use separate schedule(s) for each category of the | (check only one) |
| TEMIZED RECEIPTS | Detailed Summary Page | |
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may not be sold or used by any ne name and address of any political commit | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| NAME OF COMMITTEE (IN FUII) CALLAHAN FOR OREGON | | |
| Full Name (Last, First, Middle Initial) MARK ALLEN CALLAHAN | | |
| Mailing Address PO BOX 4352 | | Date of Receipt M M / D D / Y Y Y Y 04 01 2014 |
| City SALEM | State Zip Code OR 97302 | Transaction ID : SA13A.4712 |
| FEC ID number of contributing federal political committee. | C S40R00172 | Amount of Each Receipt this Period |
| Name of Employer Robert Half international | Occupation Information Technology Consultant | 2500.00 Loan made to campaign for campaign expenses |
| Receipt For: 2014 Primary General | Election Cycle-to-Date | |
| Other (specify) | , , , , , , | |
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address | | M M / / Y |
| City | State Zip Code | |
| FEC ID number of contributing federal political committee. | С | Amount of Each Receipt this Period |
| Name of Employer | Occupation | , , |
| Receipt For: Primary General | Election Cycle-to-Date | |
| Other (specify) | ž ž | |
| Full Name (Last, First, Middle Initial) | | Date of Receipt |
| Mailing Address | | M M / Y Y |
| City | State Zip Code | |
| FEC ID number of contributing federal political committee. | С | Amount of Each Receipt this Period |
| Name of Employer | Occupation | , , |
| Receipt For: Primary General | Election Cycle-to-Date | |
| Other (specify) | , , | |
| SUBTOTAL of Receipts This Page (optional) | | 2500.00 |
| | | 2500.00 |
| TOTAL This Period (last page this line number | only) | 2000.00 |

| | EMIZED DISBURSEMENTS | Use separate sol for each categor Detailed Summar | y of the | FOR LINE NUMBER: PAGE 8 OF 15 (check only one) X 17 |
|----------|---|---|-------------------------------|---|
| An or | ly information copied from such Reports and Statements may for commercial purposes, other than using the name and ad | y not be sold or idress of any pol | used by any itical committ | person for the purpose of soliciting contributions ee to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON | | | |
| | Full Name (Last, First, Middle Initial) Costco | | | Date of Disbursement |
| ١. | | | | M M / D D / Y Y Y |
| | Mailing Address 1010 Hawthorne Avenue, S.E. | | | 04 19 2014 |
| | City State | Zip Code | | Amount of Each Disbursement this Period |
| | Salem OR Purpose of Disbursement | 97301 | | 50.00 |
| | Gas for car to go to/from campaign event | | 002 | Transaction ID : SB17.4658 |
| | Candidate Name CALLAHAN FOR OREGON | , | Category/ | |
| | | 2014 | Type | |
| | Senate Primary | General | | |
| | President Other (specific OR District: 00 | есіту ј | | |
| | Full Name (Last, First, Middle Initial) | | | |
| 3. | Costco | | | Date of Disbursement |
| | Mailing Address | | | M M / D D / Y Y Y |
| | Mailing Address 1010 Hawthorne Avenue, S.E. | | | 04 27 2014 |
| | City State | Zip Code | | Amount of Each Disbursement this Period |
| | Salem OR Purpose of Disbursement | 97301 | | 72.53 |
| | Gas for car to go to/from campaign event | | 002 | Transaction ID : SB17.4668 |
| | Candidate Name CALLAHAN FOR OREGON | | Category/ | 7. d. 3. d. |
| | | 2014 | Туре | _ |
| | Senate Primary | General | | |
| | President Other (spe | ecify) | | |
| | State: OR District: 00 Full Name (Last, First, Middle Initial) | | | |
| | Costco - Wilsonville | | | Date of Disbursement |
| • | | | ··· | |
| | Mailing Address 25920 SW Heather Place | | | 04 26 2014 |
| | | Code | | Amount of Each Disbursement this Period |
| | Wilsonville OR 970 Purpose of Disbursement |)70 | | |
| | gas for car to go to/from campaign event | | 002 | , |
| | Candidate Name CALLAHAN FOR OREGON | | Category/ | Transaction ID : SB17.4669 |
| | Office Sought: House Disbursement For: | 2014 | Туре | _ |
| | Senate Primary | General | | |
| | President Other (spe | cify) | | |
| _ | State: OR District: 00 | | | |
| SI | UBTOTAL of Disbursements This Page (optional) | •••••••• | | 142.53 |
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| | CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS | Use separate sci for each categor Detailed Summa | y of the | FOR LINE NUMBER: PAGE 9 OF 15 (check only one) X 17 |
|----|--|--|-------------------------------|---|
| An | y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON | nay not be sold or address of any pol | used by any itical committ | person for the purpose of soliciting contributions |
| Α. | Full Name (Last, First, Middle Initial) Dan Clopton Mailing Address 3655 West 18th | | | Date of Disbursement M M / D D / Y Y Y Y 04 03 2014 |
| | City State Eugene OR Purpose of Disbursement In-kind - Campaign Management Services Candidate Name | Zip Code 97402 | | Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.4700 |
| | Office Sought: House Senate President State: Disbursement For: Primary Other (sponsors) | General | Category/ Type | |
| 3. | Full Name (Last, First, Middle Initial) Dan Clopton Mailing Address 3655 West 18th | | | Date of Disbursement M M D D Y Y Y O4 03 2014 |
| | City State Eugene OR Purpose of Disbursement Campaign Management Services Candidate Name CALLAHAN FOR OREGON Office Sought: House Disbursement For: Senate Primary President Other (sp. | General | 001 Category/ Type | Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4701 |
| | | General | 006 Category/ Type | Date of Disbursement M M D / Y Y Y Y O4 23 2014 Amount of Each Disbursement this Period 68.76 Transaction ID: SB17.4663 |
| | JBTOTAL of Disbursements This Page (optional) | | | 3818.76 |
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| SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS | | Use separate so for each categor Detailed Summa | ry of the | FOR LINE NUMBER: PAGE 10 OF 15 (check only one) X 17 |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements made and a | ay not be sold or ddress of any pol | used by any itical commit | person for the purpose of soliciting contributions |
| CALLAHAN FOR OREGON | | | | |
| Full Name (Last, First, Middle Initial) Safeway - Salem, OR | | | | Date of Disbursement |
| Mailing Address 5660 Commercial Street, SE | | | | 04 07 2014 |
| City Salem Purpose of Disbursement | State OR | Zip Code 97302 | | Amount of Each Disbursement this Period |
| Gas for car to go to/from campaign event | | | 002 | 20.00 Transaction ID : SB17.4685 |
| CALLAHAN FOR OREGON | | | Category/ Type | IFBISSECTION ID : 5817.4685 |
| Office Sought: House Disbu Senate President State: OR District: 00 | rsement For: Primary Other (sp | General | | |
| Full Name (Last, First, Middle Initial) Safeway - Salem, OR | | | | Date of Disbursement |
| Mailing Address 5660 Commercial Street, SE | | | | M M D D / Y Y O4 29 2014 |
| City Salem | State OR | Zip Code 97302 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Gas for car to go to/from campaign event Candidate Name | | | 002 Category/ | 22.82 , , |
| <u> </u> | sement For: | | Type | |
| Senate President State: OR District: 00 | Primary Other (spo | General ecify) | | |
| Full Name (Last, First, Middle Initial) The Cleanery | | | | Date of Disbursement |
| Mailing Address 3410 Commercial Street, S.E. | | | | 04 02 2014 |
| • | ate Zip R 973 | Code 302 | | Amount of Each Disbursement this Period |
| Dry cleaning and repair for campaign suit Candidate Name | | | 001 Category/ | 22.50 Transaction ID : SB17.4694 |
| CALLAHAN FOR OREGON Office Sought: House Disburi | sement For: | 2014 | Type | |
| State: OR District: 00 | Primary Other (spe | General | | |
| SUBTOTAL of Disbursements This Page (optional |) | · · · · · · · · · · · · · · · · · · · | | 65.32 |
| TOTAL This Period (last page this line number on | | | | , , - |

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| any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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) CALLAHAN FOR OREGON Full Name (Last, First, Middle Initial) The Cleanery Mailing Address 3410 Commercial Street, S.E. City State OR Sy302 Purpose of Disbursement OR OR OR OR OR OR OR OR OR O | CHEDULE B (FEC Form 3) FEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 OF 15 (check only one) X 17 |
|--|---|---|--|
| NAME OF COMMITTEE (in Full) CALLAHAN FOR OREGON Full Name (Last, First, Middle Initial) The Cleanery Mailing Address 3410 Commercial Street, S.E. City State Zip Code OR 97302 Purpose of Disbursement Double of Disbursement this Period Category/ Type CALLAHAN FOR OREGON Office Sought: I House President State: OR Disbursement Disbursement Other (specify) State Disbursement Mailing Address Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement Mailing Address City State Disbursement Mailing Address Category/ Type Date of Disbursement Mailing Address City State: District: Category/ Type Date of Disbursement Mailing Address Category/ Type Date of Disbursement Mailing Address Category/ Type Date of Disbursement Mailing Address Category/ Type Category/ Type Category/ Type Amount of Each Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement Mailing Address City State District: Category/ Type | ny information copied from such Reports and Statements may refor commercial purposes, other than using the name and a | ay not be sold or used by an | v person for the purpose of soliciting contributions |
| Mailing Address 3410 Commercial Street, S.E. City State Zip Code Salem OR 97302 Purpose of Disbursement Dry cleaning for campaign suit Candidate Name President State: OR District: 00 City State Zip Code Purpose of Disbursement Dry cleaning for campaign suit Candidate Name President State: OR District: 00 City State Zip Code Amount of Each Disbursement this Period Amount of Each Disbursement this Period Transaction ID : SB17.4653 Transac | NAME OF COMMITTEE (In Full) | - , , | The state of the s |
| Mailing Address 3410 Commercial Street, S.E. City Salem OR State Zip Code OR 97302 Purpose of Disbursement Office Sought: State: OR District: OR District: OR | • | | Date of Disbursement |
| Salem OR 97302 Purpose of Disbursement Or Category/ Type CALLAHAN FOR OREGON Office Sought: | | | M M / D D / Y Y Y |
| Salem OR 97302 Purpose of Disbursement Orly cleaning for campaign suit CALLAHAN FOR OREGON Office Sought: | City State | Zin Code | Amount of Each Picture at the Each |
| Ory cleaning for campaign suit Cancidate Name Office Sought: House Senate President State: OR District: OD Full Name (Last, First, Middle Initial) Date of Disbursement this Period Purpose of Disbursement State: District: OS Full Name (Last, First, Middle Initial) Date of Disbursement this Period Purpose of Disbursement Candidate Name Office Sought: Senate President Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: District: Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Other (specify) Category/ Type Other (specify) Category/ Type Other (specify) Category/ Type Office Sought: House Senate Primary General Other (specify) Category/ Type Office Sought: House Senate Primary General Other (specify) Category/ Type | Salem OR | | Amount of Each Disbursement this Period |
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| Senate President Other (specify) State: OR District: 00 Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: President Disbursement Date of Disbursement this Period Amount of Each Disbursement this Period Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement Category/ Type City State Zip Code Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: House Senate Primary General Primary General Category/ Type City State Zip Code Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: House Senate Primary General Category/ Type Office Sought: Office Sought: Other (specify) Caregory/ Type | | | |
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| Office Sought: House Disbursement For: Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) | Purpose of Disbursement | | , , |
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| Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) | Mailing Address | | M M / D D / Y |
| Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) | City State Zip | Code | Amount of Each Disbursement this Period |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify) | Purpose of Disbursement | | , , |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify) | Candidate Name | | / |
| State: District: | Senate Primary President Other (spe | General | |
| | State: District: | | |
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SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 12 OF

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| LOANS | Detailed Summary Pa | |
|---|--------------------------------|---|
| NAME OF COMMITTEE (In Fuil) CALLAHAN FOR OREGON | Transa | action ID : SC/10.5159 |
| LOAN SOURCE Full Name (Last, First, Middle Initial) MARK ALLEN CALLAHAN | [PERSONAL FUNDS] | Election: 2014 Primary General |
| Mailing Address PO BOX 4352 | | Other (specify) ▼ |
| City State ZIP C SALEM OR 97302 | | |
| Original Amount of Loan Cumulative Payment To | o Date Bal | lance Outstanding at Close of This Period |
| , , , , , , | 0.00 | , , , 1000.00 |
| TERMS Date Incurred Date Due | | te Secured: |
| M10 ^M / D30 / Y 2013 Y M M / D D / Y | 6/1/14 0.00 | % (apr) Yes No |
| List All Endorsers or Guarantors (if any) to Loan Source | | |
| Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | 3 3 |
| 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: | 3 3 |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed | |
| | Outstanding: | j j |
| SUBTOTALS This Period This Page (optional) | <u> </u> | , 1000.00 |
| 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 forv | ward to appropriate line of Summary. |

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SCHEDULE C (FEC Form 3)

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|--|---------------|------------|--------------------------------------|--|---------------------------------------|--|------------------|
| NAME OF COMMITTEE (IN Fuil) CALLAHAN FOR OREGON | | | Tr | ansactio | on ID : SC/10.5156 | 3 | |
| LOAN SOURCE Full Name (Last, First, Mi MARK ALLEN CALLAHAN Mailing Address | ddle Initial) | | [PERSONAL FUNI | | Primary General Other (specify | | |
| PO BOX 4352 | | | | L | Outlook (apoonly) | | |
| City | State | ZIP Cod | de | —————————————————————————————————————— | | | |
| SALEM | OR | 97302 | | | | | |
| Original Amount of Loan | Cumulative I | Payment To | Date | Balance | Outstanding at | Close of Th | nis Perioc |
| , | 3 | , , | 0.00 | | , , | 2500 | 0.00 |
| TERMS Date Incurred | | Date Due | Interes | t Rate | | Secured: | |
| ^M 12 ^M / ^D 28 ^D / Y Ž013 | M M / | D / | 6/1/1 4 Y | 0.00 | % (apr) | Yes | \boxtimes_{No} |
| List All Endorsers or Guarantors (if any) t | o Loan Source | e | | | | | |
| Full Name (Last, First, Middle Initial) | | | Name of Employer | | | | |
| Mailing Address | | | Occupation | | | ······································ | |
| City State | ZIP Code | | Amount Guaranteed Outstanding: | , | 5 | | |
| 2. Full Name (Last, First, Middle Initial) | | | Name of Employer | | · · · · · · · · · · · · · · · · · · · | | |
| Mailing Address | | | Occupation | | | | <u>.</u> |
| City State | ZIP Code | | Amount Guaranteed Outstanding: | y | 3 | · · · · · · | |
| 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: | 3 | j | | |
| SUBTOTALS This Period This Page (optional) | | | • | | | 2500. | .00 |
| 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.

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SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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| | 13b |

| Detailed Summary Pag | e (Crieck Orlly Orle) | 13b |
|-------------------------|---|---|
| Transac | tion ID : SC/10.5160 | 1 1 |
| [PERSONAL FUNDS] | Election: 2014 | |
| | Primary General | |
| | Other (specify) | |
| е | <u></u> | |
| | | |
| Date Balar | nce Outstanding at Close o | of This Period |
| 0.00 | , , | 500.00 |
| | Secu | ıred: |
| | % (apr) | Yes No |
| | | 100 |
| Name of Employer | | |
| Occupation | | |
| Amount | | |
| | , | |
| Name of Employer | | |
| Occupation | | |
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| Name of Employer | | |
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| Name of Employer | | |
| Occupation | | |
| Amount | | |
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| <u> </u> | , , | 500.00 |
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| Schedule D, carry forwa | ard to appropriate line of | Summarv. |
| | [PERSONAL FUNDS] Interest Rate 0.00 Interest Rate 5/1/14 Y 0.00 Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer | Primary General Other (specify) Balance Outstanding at Close of the control of |

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SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one)

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|--|------------------|---------------|------------|--------------------------------------|--|-------------|-----------------------|-------------|---------------------------------------|--|
| AME OF COMMITTEE (IN Full) CALLAHAN FOR OREC | 3ON | | | | Trans | action ! | D : SC/10. | 4712 | | |
| LOAN SOURCE Full Name (| Last, First, Mi | ddle Initial) | | [PERSON | AL FUNDS] | Elec | ption: 20 | 14 | | M************************************* |
| Mailing Address PO BOX 4352 | | | | . | ······································ | | General Other (spe | ecify) ▼ | , | |
| City | | State | ZIP Cod | de | | | | | | |
| SALEM | | OR | 97302 | | | | | | | |
| Original Amount of Loan | - | Cumulative | Payment To | Date | В | alance C | Outstanding | at Clc | se of Th | is Period |
| , , | 2500.00 | : | , , | 0.0 | 00 | | , | , | 2500. | .00 |
| TERMS Date Incurred | | | Date Due | | Interest Ra | ate | | | Secured: | |
| M04 ^M / P01 ^D / | ž01 4 | M M / D | D | 6/1/14 | 0. | 00 = | % (apr | , " | | |
| List All Endorsers or Guarar | itors (if any) t | o Loan Sourc | ce | | | | | | Yes | No |
| 1. Full Name (Last, First, Mid | idle Initial) | | | Name of En | nployer | | | | | |
| Mailing Address | | | | Occupation | | | | | | |
| | | | | Amount | | | | | · | |
| City | State | ZIP Code | | Guaranteed Outstanding | | 7 | , | | | |
| 2. Full Name (Last, First, Mide | de Initial) | | | Name of En | nployer | | | | | |
| Mailing Address | | | | Occupation | | | | | | • |
| City | State | ZIP Code | | Amount Guaranteed Outstanding | • | , | , | | | |
| 3. Full Name (Last, First, Midd | de Initial) | ·· | | Name of Em | | | | | | |
| Mailing Address | | | | Occupation | | | | | | . |
| City | State | ZIP Code | | Amount Guaranteed Outstanding | : | , | , | | | |
| 4. Full Name (Last, First, Midd | ile Initial) | | | Name of Em | ployer | | | | · · · · · · · · · · · · · · · · · · · | |
| Mailing Address | | | | Occupation | | | | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | : | , | , | | - | |
| UBTOTALS This Period This Pa | age (optional) | | | | . | | | | 2500.0 | 00 |
| | | | | | | | , | 3 | • | |
| OTALS This Period (last page in | i usa sine only | 7·· | | | • | | , | , | 6500.0 | ŲŪ |

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

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