

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
SECRETARY OF THE
PUBLIC

14 JUN 2 2014 PM 3:43
Office Use Only

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

ADDRESS (number and street) PO BOX 4352
Check if different than previously reported. (ACC) SALEM OR 97302

2. FEC IDENTIFICATION NUMBER C C00548115
CITY STATE ZIP CODE STATE DISTRICT
OR 00
3. IS THIS REPORT NEW OR AMENDED (N) (A)
X

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:
X Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on 05 / 20 / 2014 in the State of OR
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 04 / 01 / 2014 through 04 / 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 MARK ALLEN CALLAHAN

Signature of Treasurer MARK ALLEN CALLAHAN Date 05 / 06 / 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

14020410476

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CALLAHAN FOR OREGON

Report Covering the Period: From: ^M04 / ^D01 / ^Y2014 To: ^M04 / ^D30 / ^Y2014

	COLUMN A This Period			COLUMN B Election Cycle-to-Date		
6. Net 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	,	,	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	,	,	1890.00	,	,	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))...	,	,	4578.31	,	,	22434.98
8. Cash on Hand at Close of Reporting Period (from Line 27)...	,	,	3254.56			
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..	,	,	0.00			
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule 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

14020410477

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 15

Write or Type Committee Name
CALLAHAN FOR OREGON

Report Covering the Period: From: ^{M M / D D / Y Y Y} 04 / 01 / 2014 To: ^{M M / D D / Y Y Y} 04 / 30 / 2014

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	125.00	2600.00
(iii) TOTAL of contributions from individuals . ▶	1875.00	10100.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	0.00
(d) The Candidate	15.00	9089.54
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1890.00	19189.54
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	2500.00	6500.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	2500.00	6500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... ▶	4390.00	25689.54

14020410478

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	4578.31	22434.98
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	0.00	0.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	0.00
21. OTHER DISBURSEMENTS ..	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4578.31	22434.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	3442.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	4390.00
25. SUBTOTAL (add Line 23 and Line 24) ...	7832.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	4578.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	3254.56

14020410479

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 5 OF 15	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 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)
CALLAHAN FOR OREGON

A. Full Name (Last, First, Middle Initial) Dan Clopton			Date of Receipt M M / D D / Y Y Y 04 03 2014	
Mailing Address 3655 West 18th			Transaction ID : SA11AI.4698	
City Eugene	State OR	Zip Code 97402	Amount of Each Receipt this Period , , 1750.00 In-kind - Campaign Management Services	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 1750.00		
B. Full Name (Last, First, Middle Initial)			Date of Receipt M M / / Y Y Y Y	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period , ,	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , ,		
C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / / Y Y Y Y	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period , ,	
FEC ID number of contributing federal political committee. C				
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , ,		
SUBTOTAL of Receipts This Page (optional).....			, , 1750.00	
TOTAL This Period (last page this line number only).....			, , 1750.00	

14020410480

**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 6 OF 15		
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
CALLAHAN FOR OREGON

Full Name (Last, First, Middle Initial) MARK ALLEN CALLAHAN		Date of Receipt M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address PO BOX 4352		Transaction ID : SA11D.4711
City SALEM	State OR	
FEC ID number of contributing federal political committee. C S4OR00172		Amount of Each Receipt this Period
Name of Employer Robert Half International		Campaign contribution 15.00
Occupation Information Technology Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 15589.54	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / / Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		
Name of Employer		
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / / Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
FEC ID number of contributing federal political committee. C		
Name of Employer		
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	15.00

14020410481

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 15
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
CALLAHAN FOR OREGON

A. Full Name (Last, First, Middle Initial)
MARK ALLEN CALLAHAN

Mailing Address **PO BOX 4352**

City **SALEM** State **OR** Zip Code **97302**

FEC ID number of contributing federal political committee. **C S4OR00172**

Name of Employer **Robert Half international** Occupation **Information Technology Consultant**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
15574.54

Date of Receipt
M M / D D / Y Y Y Y
04 01 2014

Transaction ID : **SA13A.4712**

Amount of Each Receipt this Period
2500.00

Loan made to campaign for campaign expenses

B. Full Name (Last, First, Middle Initial)

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
M M / / Y

Amount of Each Receipt this Period

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

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
M M / Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	2500.00

14020410482

**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
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NAME OF COMMITTEE (In Full)
CALLAHAN FOR OREGON

Full Name (Last, First, Middle Initial) A. Costco		Date of Disbursement M M / D D / Y Y Y 04 / 19 / 2014
Mailing Address 1010 Hawthorne Avenue, S.E.		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.4658
City Salem	State OR	
Zip Code 97301	Category/ Type 002	
Purpose of Disbursement Gas for car to go to/from campaign event		Amount of Each Disbursement this Period 72.53 Transaction ID : SB17.4668
Candidate Name CALLAHAN FOR OREGON		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR District: 00		

Full Name (Last, First, Middle Initial) B. Costco		Date of Disbursement M M / D D / Y Y Y 04 / 27 / 2014
Mailing Address 1010 Hawthorne Avenue, S.E.		Amount of Each Disbursement this Period 72.53 Transaction ID : SB17.4668
City Salem	State OR	
Zip Code 97301	Category/ Type 002	
Purpose of Disbursement Gas for car to go to/from campaign event		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4669
Candidate Name CALLAHAN FOR OREGON		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR District: 00		

Full Name (Last, First, Middle Initial) C. Costco - Wilsonville		Date of Disbursement M M / D D / Y Y Y 04 / 26 / 2014
Mailing Address 25920 SW Heather Place		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4669
City Wilsonville	State OR	
Zip Code 97070	Category/ Type 002	
Purpose of Disbursement gas for car to go to/from campaign event		Amount of Each Disbursement this Period 142.53
Candidate Name CALLAHAN FOR OREGON		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR District: 00		

SUBTOTAL of Disbursements This Page (optional).....	, ,	142.53
TOTAL This Period (last page this line number only).....	, ,	.

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**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 9 OF 15

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

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NAME OF COMMITTEE (In Full)
CALLAHAN FOR OREGON

Full Name (Last, First, Middle Initial) A. Dan Clopton		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 3655 West 18th		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.4700
City Eugene	State OR	
Purpose of Disbursement In-kind - Campaign Management Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Dan Clopton		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 3655 West 18th		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4701
City Eugene	State OR	
Purpose of Disbursement Campaign Management Services		001 Category/ Type
Candidate Name CALLAHAN FOR OREGON		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR	District: 00	

Full Name (Last, First, Middle Initial) C. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 2945 Liberty Road, S.E.		Amount of Each Disbursement this Period 68.76 Transaction ID : SB17.4663
City Salem	State OR	
Purpose of Disbursement Printer ink to print campaign literature		006 Category/ Type
Candidate Name CALLAHAN FOR OREGON		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR	District: 00	

SUBTOTAL of Disbursements This Page (optional)..... 3818.76

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

14020410484

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **CALLAHAN FOR OREGON** Transaction ID : SC/10.5159

LOAN SOURCE Full Name (Last, First, Middle Initial) **MARK ALLEN CALLAHAN** [PERSONAL FUNDS] Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 4352

City State ZIP Code
SALEM OR 97302

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 30 / Y 2013	M M / D D / Y 6/1/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)... ▶ , , 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 forward to appropriate line of Summary.

14020410487

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **CALLAHAN FOR OREGON** Transaction ID : **SC/10.5156**

LOAN SOURCE Full Name (Last, First, Middle Initial) **MARK ALLEN CALLAHAN** [PERSONAL FUNDS] Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
PO BOX 4352

City State ZIP Code
SALEM OR 97302

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 28 / Y 2013	M M / D / Y 6/1/14 Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)... ▶ , , 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.

14020410488

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5160

CALLAHAN FOR OREGON

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

[PERSONAL FUNDS]

Election: 2014

MARK ALLEN CALLAHAN

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 4352

City	State	ZIP Code
SALEM	OR	97302

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 01 / Y 2014	M M / D D / Y 6/1/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)...

500.00

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.

14020410489

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **CALLAHAN FOR OREGON** Transaction ID : **SC/10.4712**

LOAN SOURCE Full Name (Last, First, Middle Initial) **MARK ALLEN CALLAHAN** [PERSONAL FUNDS] Election: 2014
 Primary
 General
 Other (specify) ▼
Mailing Address
PO BOX 4352

City State ZIP Code
SALEM OR 97302

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS Date Incurred Date Due Interest Rate Secured:
 04^M / 01^D / 2014^Y M M / D D 6/1/14 0.00 % (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: , ,
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)...	2500.00
TOTALS This Period (last page in this line only) ..	6500.00

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

14020410490

PRIORITY MAIL
POSTAGE REQUIRED

PRESS FIRMLY TO SEAL



UNITED STATES
POSTAL SERVICE®

Click-N-Ship®

P

usps.com 9405 5036 9930 0307 3643 30 0050 5001 0102 0013

\$5.05
US POSTAGE
Flat Rate Env.



Commercial Base Pricing

05/31/14

Mailed from 97302 062S0000001301

SCREENED BY THE SENATE POST OFFICE

MARK CALLAHAN
PO BOX 4352
SALEM OR 97302-8352

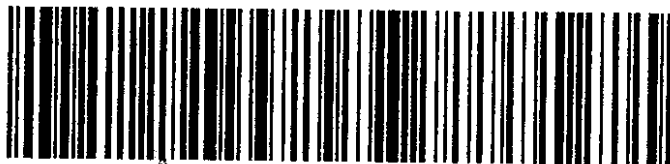
Expected Delivery Date: 06/02/2014

0004
B078

SHIP TO:

SECRETARY OF THE SENATE
OFFICE OF PUBLIC RECORDS
PO BOX 77578
WASHINGTON DC 20013-8578

USPS TRACKING #



9405 5036 9930 0307 3643 30

Electronic Rate Approved #038555749

UNITED STATES
POSTAL SERVICE®

VISIT US AT USPS.COM®
ORDER FREE SUPPLIES ONLINE

EP14F July 2013
OD: 12.5 x 9.5

PRIORITY MAIL★

DATE OF DELIVERY SPECIFIED*

USPS TRACKING™ INCLUDED*

INSURANCE INCLUDED*

PICKUP AVAILABLE

* Domestic only

WHEN USED INTERNATIONALLY,
CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.



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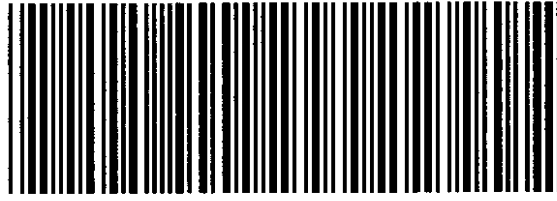
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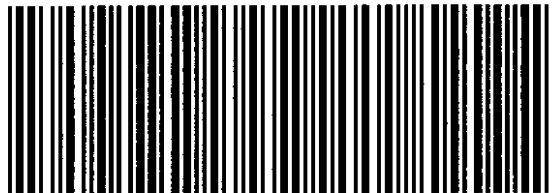
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