				1	
FEC	REPOF	RT OF RE	ECEIPTS		I
FORM 3		Authorized Co	EMENTS	Office	Use Only
1. NAME OF COMMITTEE (in	TYPE OR PF	RINT V	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number an	PO BOX 43	52			
Check if dif					
than previou reported. (A	usly I SALEM			OR 97302	
2. FEC IDENTIFIC	CATION NUMBER <b>V</b>	CITY	<u> </u>	STATE	ZIP CODE ▲ STATE ▼ DISTRICT
C C0054811	5	3. IS THIS REPORT	× NEW (N) OR	AMENDED (A)	OR 00
(a) Quarterly R		(b) 12-Day <b>P</b>	<b>RE</b> -Election Report for the Primary (12P)	e: General (12G)	Runoff (12R)
	Quarterly Report (Q1)	×	Convention (12C)	Special (12S)	
	r 15 Quarterly Report (Q2)	Election	on 05 / 20	/ Y Y Y Y 2014	in the OR State of
January	v 31 Year-End Report (YE)	(c) 30-Day <b>P</b>	OST-Election Report for t	he:	
			General (30G)	Runoff (30R)	Special (30S)
Termina	tion Report (TER)	Election	on / D D	/ Y Y Y Y	in the State of
5. Covering Period	M M / D D D 01	/ Y Y Y Y 2014	through C		2014
-		-	knowledge and belief it i	s true, correct and com	plete.
Type or Print Name	of Treasurer MARK AL	LEN CALLAHAN		M M / I	
Signature of Treasure	er MARK ALLEN CALI	LAHAN	[Electronically Filed]	Date 05	30 2014
NOTE: Submission of Office	false, erroneous, or incom	nplete information m	ay subject the person signi	ng this Report to the pen	alties of 2 U.S.C. §437g.
FE5AN018					EC FORM 3 Revised 02/2003)

05/30/2014 04 : 43

PAGE 1 / 15

	FEC Form 3 (Revised 02/2003)	<b>SUMMARY PAGE</b> of Receipts and Disbursements	PAGE 2 / 15
	Irite or Type Committee Name		
R	eport Covering the Period: From:	05 / 01 / Y Y Y Y 2014 To:	M M / D / Y Y Y Y 05 / 17 / 2014
		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)		
	<ul><li>(a) Total Contributions</li><li>(other than loans) (from Line 11(e))</li></ul>	7922.00	27111.54
	(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))	7922.00	27111.54
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	1861.92	24296.90
	(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))	1861.92	24296.90
8.	Cash on Hand at Close of Reporting Period (from Line 27)	6814.64	
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	4000.00	

## For further information contact:

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

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

Image# 14941275498

Г		TAILED SUMMARY PAGE of Receipts	
	FEC Form 3 (Revised 12/2003)		PAGE 3 / 15
	CALLAHAN FOR OREGON		
Re	eport Covering the Period: From: 05	/ D D / Y Y Y Y Y 01 2014 To:	M M / D D / Y Y Y Y Y 05 17 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)	1250.00	8750.00
	(ii) Unitemized	6672.00	9272.00
	(iii) TOTAL of contributions from individuals	7922.00	18022.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate	0.00	9089.54
	(e) TOTAL CONTRIBUTIONS (other than loans)		
	(add Lines 11(a)(iii), (b), (c), and (d))	7922.00	27111.54
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13.	LOANS:		
	(a) Made or Guaranteed by the Candidate	0.00	6500.00
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	6500.00
	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
	OTHER RECEIPTS	0.00	0.00
	(Dividends, Interest, etc.)	7 7 7	7 7 7 0.00
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	7922.00	33611.54

FE5AN018

Image# 14941275499

of Disbursements PAGE 4 / 15 FEC Form 3 (Revised 02/2003) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 1861.92 24296.90 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 2500.00 2500.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans ..... (c) TOTAL LOAN REPAYMENTS 2500.00 2500.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 0.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) ..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS ..... 22. TOTAL DISBURSEMENTS 4361.92 26796.90 (add Lines 17, 18, 19(c), 20(d), and 21) **III. CASH SUMMARY** 

**DETAILED SUMMARY PAGE** 

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		7	_	3254.56
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		7		7	_	7922.00
25.	SUBTOTAL (add Line 23 and Line 24)	Γ.	7		7	-	11176.56
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		7		7	_	4361.92
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		7	_	6814.64

Image# 14941275500

<b>IT</b>	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         5         OF         15           (check only one)         I1a         11b         11c         11d           I1a         11b         11c         11d         11d           I2         13a         13b         14         15
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON			
Α.	Full Name (Last, First, Middle Initial) Jill Hood			Date of Receipt
	Mailing Address 13181 Parkside Terrace			05 02 2014
	City	State	Zip Code	Transaction ID : SA11AI.4829
	Cooper City	FL	33330	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer None	Occupation Homemake		Campaign contribution
	Receipt For: 2014	Election C	ycle-to-Date	
	Primary General Other (specify)		250.00	]
В.	Full Name (Last, First, Middle Initial) John Mola			Date of Receipt
Ъ.	Mailing Address 69695 Craig Loop			05 13 2014
	City Summerville	State OR	Zip Code 97876	Transaction ID : SA11AI.5133
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	n	
	Retired	Law Enforc		Campaign Contribution
	Receipt For: 2014	Election C	ycle-to-Date	_
	Other (specify)		250.00	]
— с.	Full Name (Last, First, Middle Initial) Arnold Rubin			Date of Receipt
0.	Mailing Address 80 Puritan Lane			M M / D D / Y Y Y Y 05 06 2014
	City Sudbury	State MA	Zip Code 01776	Transaction ID : SA11AI.5102
	FEC ID number of contributing		01770	_
	federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	n	250.00
	Retired	Retired		Campaign Contribution
	Receipt For: 2014	Election C	cycle-to-Date	_
	Other (specify)		250.00	]
s	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 6 OF 15 (check only one)						
			Detailed Summary Page		1d					
					4   15					
	ny information copied from such Reports and s for commercial purposes, other than using th									
	NAME OF COMMITTEE (In Full)									
<u>А</u> .	Full Name (Last, First, Middle Initial) Trent Thomason			Date of Receipt						
А.	Mailing Address 200 1st Ave #412			M M / D D / Y Y	M M / D D / Y Y Y Y					
	City St. Pete Beach	State FL	Zip Code 33706	Transaction ID : SA11AI.4927						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Pe	riod					
	Name of Employer Large software co	Occupation Sales	า	Campaign Contribution	250.00					
	Receipt For: 2014		ycle-to-Date	_						
	Primary General		ycie-io-dale							
	Other (specify)	L	250.00							
В.	Full Name (Last, First, Middle Initial) Arthur R. Wagner			Date of Receipt						
υ.	Mailing Address 3762 Montego Drive	05 03 2014								
	City	State	Zip Code	Transaction ID : SA11AI.4781						
	Huntington Beach	CA	92649-2005	_						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
	Name of Employer	Occupation	า	Campaign Contribution						
	Ν/Α	Retired								
	Receipt For: 2014	Election C	ycle-to-Date							
	Primary General Other (specify)		250.00							
	Full Name (Last, First, Middle Initial)			Data of Descipt						
C.	Mailing Address			Date of Receipt						
	Maining Address			M M / D D / Y Y	Y Y					
	City	State	Zip Code							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Pe						
	Name of Employer	Occupation	1							
	Receipt For:	Election C	ycle-to-Date							
	Primary General									
_		Other (specify)								
	SUBTOTAL of Receipts This Page (optional)				500.00					
				-	250.00					
11	<b>COTAL</b> This Period (last page this line number	only)								

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	/ of the	FOR LINE NUMBER: (check only one)         PAGE         7         OF         15           X         17         18         19a         19b           20a         20b         20c         21
	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			
Α.	Full Name (Last, First, Middle Initial) Alpha Broadcasting Mailing Address 1211 SW 5th Avenue Suite 600	Date of Disbursement		
CityStateZip CorPortlandOR97204Purpose of Disbursement Radio advertising on KXL during Lars Larson Show			004	Amount of Each Disbursement this Period 420.75 Transaction ID : SB17.4763
	Candidate Name CALLAHAN FOR OREGON Office Sought: House Senate President State: OR District: 00	General	Category/ Type	
в.	Full Name (Last, First, Middle Initial)         Arco AMPM - Salem, OR #3         Mailing Address       3820 Portland Road NE			Date of Disbursement
	City     State       Salem     OR       Purpose of Disbursement     Gas for car to go to/from campaign event       Candidate Name     CALLAHAN FOR OREGON	Zip Code 97301	002 Category/ Type	Amount of Each Disbursement this Period 67.05 Transaction ID : SB17.4745
	Office Sought: House Disbursement For: Senate President Other (s	General		
C.	Full Name (Last, First, Middle Initial) Arco AMPM - Salem, OR #3 Mailing Address 3820 Portland Road NE			Date of Disbursement
	CityStateZip CodeSalemOR97301Purpose of Disbursement Gas for car to go to go to/from campaign event			Amount of Each Disbursement this Period 53.01
	Candidate Name CALLAHAN FOR OREGON Office Sought: Senate President State: OR District: 00	General	Category/ Type	
s	UBTOTAL of Disbursements This Page (optional)			540.81
Т	OTAL This Period (last page this line number only)			

ITEMIZED DISBURSEMENTS		Use separate sch for each category Detailed Summar	/ of the	FOR LINE NUMBER: (check only one)         PAGE         8         OF         15           X         17         18         19a         19b           20a         20b         20c         21	
	ny 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				
Α.	Full Name (Last, First, Middle Initial) Arco AMPM - Salem, OR #3 Mailing Address 3820 Portland Road NE	Date of Disbursement			
	City     State       Salem     OR       Purpose of Disbursement     Image: Contemport of Contemp	Zip Code 97301		Amount of Each Disbursement this Period	
	Gas for car to go to/from campaign event Candidate Name CALLAHAN FOR OREGON		002 Category/ Type	Transaction ID : SB17.4727	
	Office Sought: House Disbursement Formary President Disbursement Formary President Other (s	General			
В.	Full Name (Last, First, Middle Initial) My Personality Plus - Michaels, Lisa Mailing Address 8152 SW Hall Blvd.			Date of Disbursement	
	City State Beaverton OR	Zip Code 97008		Amount of Each Disbursement this Period	
	Purpose of Disbursement Advertising Agency/Media Buying Fee	57000	004	451.65 Transaction ID : SB17.4768	
	CALLAHAN FOR OREGON Office Sought: House State: OR District: 00 Disbursement For: President Other (s	General	Category/ Type		
C.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2945 Liberty Road, S.E.			Date of Disbursement	
	City     State     Zip Code       Salem     OR     97302       Purpose of Disbursement     Printer ink to print campaign literature       Candidate Name			Amount of Each Disbursement this Period	
				45.99 Transaction ID : SB17.4740	
	CALLAHAN FOR OREGON         Office Sought:       House         Senate       President         State:       OR       District:       00	General	Category/ Type		
s	UBTOTAL of Disbursements This Page (optional)			552.04	
Т	OTAL This Period (last page this line number only)				

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: (check only one)         PAGE         9         OF         15           X         17         18         19a         19b           20a         20b         20c         21
	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			
Α.	Mailing Address 144 2nd Street 1st Floor City State	Zip Code		Date of Disbursement
	San Francisco     CA       Purpose of Disbursement Cumulative/Aggregate Piryx credit card transaction fee for or       Candidate Name       CALLAHAN FOR OREGON       Office Sought:     House       Senate       President       State:     OR       District:     00	: 2014	003 Category/ Type	415.18 Transaction ID : SB17.5143
в.	Full Name (Last, First, Middle Initial)       The Cleanery       Mailing Address     3410 Commercial Street, S.E.       City     State       Salem     OR       Purpose of Disbursement     Dry cleaning for campaign suit and tie	Zip Code 97302	001	Date of Disbursement          M       M       /       D       D       /       Y
	Candidate Name CALLAHAN FOR OREGON Office Sought: Senate President State: OR District: 00	General	Category/ Type	
C.	Full Name (Last, First, Middle Initial) C. The Cleanery Mailing Address 3410 Commercial Street, S.E.			Date of Disbursement
City     State     Zip Code       Salem     OR     97302       Purpose of Disbursement Dry cleaning of campaign suit     Candidate Name			001 Category/	Amount of Each Disbursement this Period 14.50 Transaction ID : SB17.4732
	CALLAHAN FOR OREGON         Office Sought:       House         Senate       President         State:       OR       District:       00	General	Туре	
s	UBTOTAL of Disbursements This Page (optional)			450.68
т	OTAL This Period (last page this line number only)			

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each categor Detailed Summa	y of the	FOR LINE NUMBER: (check only one)         PAGE         10         OF         15           X         17         18         19a         19b           20a         20b         20c         21
	ny information copied from such Reports and Statements for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON			
A.	Full Name (Last, First, Middle Initial) Walmart			Date of Disbursement
	Mailing Address 1940 Turner Road			05 08 2014
	City     State       Salem     OR       Purpose of Disbursement	Zip Code 97302		Amount of Each Disbursement this Period 28.97
	Printer ink to print campaign materials		006	Transaction ID : SB17.4746
	CALLAHAN FOR OREGON		Category/ Type	/
	State:         OR         District:         00           Full Name (Last, First, Middle Initial)			
В.	· · ·			Date of Disbursement
	Mailing Address			
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name		Category/ Type	
	State:     District:       Full Name (Last, First, Middle Initial)			
C.				Date of Disbursement
	Mailing Address			
	City State 2	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		· · · ·	
	Candidate Name		Category/ Type	
	Office Sought: House Disbursement For Senate President Other State: District:			
s	UBTOTAL of Disbursements This Page (optional)			28.97
	OTAL This Period (last page this line number only)			1572.50

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	/ of the	FOR LINE NUMBER: (check only one)         PAGE         11         OF         15           17         18         X         19a         19b           20a         20b         20c         21
	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			
Α.	Full Name (Last, First, Middle Initial)         MARK ALLEN CALLAHAN         Mailing Address PO BOX 4352			Date of Disbursement
	City     State       SALEM     OR       Purpose of Disbursement     Loan re-payment from 04-01-14 Loan	Zip Code 97302	009	Amount of Each Disbursement this Period 459.72 Transaction ID : SB19A.5149
	Candidate Name CALLAHAN FOR OREGON Office Sought: Senate President State: OR District: 00	General	Category/ Type	
В.	Full Name (Last, First, Middle Initial)       MARK ALLEN CALLAHAN       Mailing Address     PO BOX 4352			Date of Disbursement
	City     State       SALEM     OR       Purpose of Disbursement Loan repayment for 04-01-14 Loan     OR       Candidate Name     CALLAHAN FOR OREGON	Zip Code 97302	009 Category/ Type	Amount of Each Disbursement this Period 40.00 Transaction ID : SB19A.5147
	Office Sought: House Senate President State: OR Disbursement For President Disbursement For Other (s State: OR Disbursement For President Disbursement For Other (s	General	, r -	
Full Name (Last, First, Middle Initial) C. MARK ALLEN CALLAHAN Mailing Address PO BOX 4352				Date of Disbursement
	SALEM OR 9 Purpose of Disbursement Loan re-payment for 04-01-14 Loan	p Code 7302	009	Amount of Each Disbursement this Period 2000.28 Transaction ID : SB19A.5145
	Candidate Name CALLAHAN FOR OREGON Office Sought: Mouse Senate President State: OR District: 00 Called Name Primary Other (s	General	Category/ Type	
s	UBTOTAL of Disbursements This Page (optional)			2500.00
Т	OTAL This Period (last page this line number only)			2500.00

Image# 14941275508				r	PAGE 12 OF 15	
SCHEDULE C (FEC Form 3) LOANS				Use separate schedule(s) for each category of the Detailed Summary Page		
NAME OF COMMITTEE ( CALLAHAN FOR	,			Transac	tion ID : SC/10.5159	
LOAN SOURCE Full MARK ALLEN C	Name (Last, First, Mid CALLAHAN	dle Initial)		[PERSONAL FUNDS]	Election: 2014 Primary General	
Mailing Address PO BOX 4352					Other (specify)	
City SALEM			ZIP Code 97302	9		
		ÖR	97302			
Original Amount of L	oan 1000.00	Cumulative Payn	nent To D	0.00 Bala	nce Outstanding at Close of This Period 1000.00	
7777110	7	9	7		<u> </u>	
TERMS Date I	ncurred	Dat M M / D D	te Due	Interest Rate 0.00	% (apr)	
List All Endorsers or	Guarantors (if any) to	Loan Source			Yes No	
1. Full Name (Last, F	First, Middle Initial)			Name of Employer		
Mailing Address			(	Occupation		
City	State	ZIP Code	(	Amount Guaranteed Outstanding:	y	
2. Full Name (Last, F	irst, Middle Initial)		1	Name of Employer		
Mailing Address			(	Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (Last, F	irst, Middle Initial)		1	Name of Employer		
Mailing Address			(	Occupation		
City	State	ZIP Code	(	Amount Guaranteed Outstanding:	g. 1 . g. 1	
4. Full Name (Last, F	irst, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code	(	Amount Guaranteed Outstanding:	9 1 9 1 4 1	
SUBTOTALS This Period	at page in this line only	)				
Carry outstanding balan	ice only to LINE 3, SCh	equie D, for this l	me. ir no	Schedule D, carry forw	vard to appropriate line of Summary.	

Image# 14941275509					
SCHEDULE C (FEC LOANS	Form 3)			Use separate schedule for each category of th Detailed Summary Pag	10 (check only one) X 13a
NAME OF COMMITTEE (In FI	,			Transac	tion ID : SC/10.5156
LOAN SOURCE Full Nar MARK ALLEN CAL	( , , , , , , , , , , , , , , , , , , ,	ddle Initial)		[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address PO BOX 4352					Other (specify)
City SALEM		State OR	ZIP Code 97302	e	
Original Amount of Loan	2500.00	Cumulative F	Payment To D	Date Bala	nce Outstanding at Close of This Period 2500.00
TERMS Date Incur			Date Due	Interest Rate	<u>9</u> <u>9</u>
<sup>M</sup> 12 <sup>M</sup> / <sup>D</sup> 28 <sup>D</sup> /	Y Ž013 Y			ý/1/14 <sup>v</sup> 0.00	
List All Endorsers or Gu 1. Full Name (Last, First,		o Loan Sourc		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	g. 1
2. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	g. 1
3. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	g
4. Full Name (Last, First,	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
SUBTOTALS This Period Th				H	2500.00
					vard to appropriate line of Summary.

Image# 14941275510			
SCHEDULE C (FEC Form 3) LOANS		Use separate schedule(s for each category of the Detailed Summary Page	(check only one) (X 13a
NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON		Transacti	on ID : SC/10.5160
LOAN SOURCE Full Name (Last, First, M MARK ALLEN CALLAHAN	iddle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address PO BOX 4352			Other (specify)
City	State ZIP Cod	de	
SALEM	OR 97302		
Original Amount of Loan	Cumulative Payment To	Date Balan	ce Outstanding at Close of This Period 500.00
TERMS Date Incurred	Date Due	Interest Rate 6/1/14 Y 0.00	Secured:
			Yes No
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source	Name of Employer	
		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y 1 1 y 1 1 0 1 1
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y 1 1 y 1 1 w 1
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line on Carry outstanding balance only to LINE 3, So	ly)	······	500.00

SCHEDULE C (FEC Form 3) LOANS       Use separate schedule(e) for each category of the Detailed Summay Page       Image: Comparison (Comparison (Comp
CALLAN FOR OREGON         LOAN SOURCE Full Name (Last, First, Middle Initial)       [PERSONAL FUNDS]         MARK ALLEN CALLAHAN         Mailing Address         PO BOX 4352         City       State         ZIP Code         SALEM       OR         Original Amount of Loan       Currulative Payment To Date         Balance Outstanding at Close of This Perind         2500.00       2500.00         TERMS       Date Incurred         Mailing Address       0.00         Original Amount       Mailing Address         Occupation       Amount         Guaranteed       Mailing Address         Occupation       Amount         Guaranteed       Occupation         Amount       Guaranteed         Outstanding:       Amount         Guaranteed       Outstanding:         Original Amount
MARK ALLEN CALLAHAN         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       2500.00         TERMS       Date Incurred         Date Incurred       Date Due         Mailing Address or Guarantors (if any) to Loan Source       0.00         1. Full Name (Last, First, Middle Initia)       Name of Employer         Mailing Address       Occupation         Amount       Guaranteed         Outstanding:       Amount         Guaranteed       Occupation         Amount       Guaranteed         Outstanding:       Amount         Guaranteed       Outstanding:         Occupation       Amount         Guaranteed       Outstanding:         Occupation       Amount         Guaranteed       Outstanding:         Occupation       Amount         Guaranteed       Outstanding:         State       ZIP Code         Outstanding:       Outstanding:         State
PO BÖX 4352       City       State       ZIP Code         SALEM       OR       97302         Original Amount of Loan       Cumulative Payment To Date       Balance Outstanding at Close of This Peril         Image: Solution of Loan       Cumulative Payment To Date       Balance Outstanding at Close of This Peril         Image: Solution of Loan       Cumulative Payment To Date       Balance Outstanding at Close of This Peril         Image: Solution of Loan       Date Due       Interest Rate       Secured:         Image: Solution of Solution       Interest Rate       Secured:       Image: Solution         Ist All Endorsers or Guarantors (if any) to Loan Source       Name of Employer       Image: Solution         I. Full Name (Last, First, Middle Initial)       Name of Employer       Image: Solution         Amount       City       State       ZIP Code       Occupation         Amount       Guaranteed       Outstanding:       Image: Solution       Amount         City       State       ZIP Code       Occupation       Amount         Guaranteed       Outstanding:       Image: Solution       Amount         Guaranteed       Outstanding:       Image: Solution       Amount         State       ZIP Code       Outstanding:       Image: Solution
SALEM     OR     97302       Original Amount of Loan     Cumulative Payment To Date     Balance Outstanding at Close of This Periation of Loan       1     2500.00     2500.00     0.00       TERMS     Date Incurred     Date Due     Interest Rate     Secured:       1     010     2014     0.00     % (apr)     % (apr)       List All Endorsers or Guarantors (if any) to Loan Source     1.     Full Name (Last, First, Middle Initial)     Name of Employer       Mailing Address     Occupation     Amount     Guaranteed     Outstanding:       2. Full Name (Last, First, Middle Initial)     Name of Employer     Amount       Mailing Address     Occupation     Amount       City     State     ZIP Code     Outstanding:       Amount     Guaranteed     Outstanding:       3. Full Name (Last, First, Middle Initial)     Name of Employer
Original Amount of Loan       Cumulative Payment To Date       Balance Outstanding at Close of This Periv         2500.00       2500.00       0.00         TERMS       Date Incurred       Date Due       Interest Rate       Secured:         Mod <sup>M</sup> 010       2014       010       2014       0.00         List All Endorsers or Guarantors (if any) to Loan Source       Name of Employer       0.00       % (apr)       250.00         Mailing Address       Occupation       Amount       Guaranteed       Outstanding:       0.00         2. Full Name (Last, First, Middle Initial)       Name of Employer       Mailing Address       Occupation         Mailing Address       Occupation       Amount       Guaranteed       Outstanding:         City       State       ZIP Code       Occupation       Amount         Guaranteed       Occupation       Amount       Guaranteed         Ottstanding:       3. Full Name (Last, First, Middle Initial)       Name of Employer         3. Full Name (Last, First, Middle Initial)       Name of Employer
Z500.00       Z500.00       0.00         TERMS       Date Incurred       Date Due       Interest Rate       Secured:         Mod       / 010 / Y Z014 Y       M M / D D / Y G/1/4 Y       0.00 % (apr)       Yes       N         List All Endorsers or Guarantors (if any) to Loan Source       Name of Employer       0       Mailing Address       Occupation         Mailing Address       Occupation       Amount       Mamount       Mamount       Mamount         2. Full Name (Last, First, Middle Initial)       Name of Employer       Occupation       Amount         Mailing Address       Occupation       Amount       Mamount       Mamount         City       State       ZIP Code       Occupation       Amount         Guaranteed       Occupation       Amount       Mamount       Mamount         City       State       ZIP Code       Occupation       Amount         3. Full Name (Last, First, Middle Initial)       Name of Employer       Mamount       Mamount         3. Full Name (Last, First, Middle Initial)       Name of Employer       Mamount       Mamount         3. Full Name (Last, First, Middle Initial)       Name of Employer       Mamount       Mamount
Date Incurred       Date Due       Interest Rate       Secured:         ModM       O1D       Y 2014       M M       D D       Y 6/1/14       0.00       % (apr)       Yes       N         List All Endorsers or Guarantors (if any) to Loan Source       Name of Employer       Occupation       N       N         Mailing Address       Occupation       Occupation       Occupation       Occupation       Occupation         2. Full Name (Last, First, Middle Initial)       Name of Employer       Occupation       Occupation       Occupation         Mailing Address       Occupation       Occupation       Occupation       Occupation       Occupation         City       State       ZIP Code       Occupation       Occupation       Occupation         Amount       Guaranteed       Outstanding:       Occupation       Occupation       Occupation         3. Full Name (Last, First, Middle Initial)       Name of Employer       Outstanding:       Outstanding:       Outstanding:       Outstanding:         3. Full Name (Last, First, Middle Initial)       Name of Employer       Outstanding:       Outstanding:       Outstanding:       Outstanding:
Date Incurred       Date Due       Interest Rate       Secured:         ModM       O1D       Y 2014       M       Y       O       O       % (apr)       Yes       N         List All Endorsers or Guarantors (if any) to Loan Source       Name of Employer       Occupation       N       N         Mailing Address       Occupation
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         Quaranteed       Outstanding:         Mailing Address       Occupation         City       State       ZIP Code         Mailing Address       Occupation         City       State       ZIP Code         Occupation       Amount         Guaranteed       Outstanding:         J. Full Name (Last, First, Middle Initial)       Name of Employer         3. Full Name (Last, First, Middle Initial)       Name of Employer
1. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         Quistanding:       Amount         Quistanding:       Occupation         Amount       Guaranteed         Quistanding:       Occupation         Mailing Address       Occupation         Mailing Address       Occupation         City       State       ZIP Code         Amount       Amount         Guaranteed       Outstanding:         Occupation       Amount         Ramount       Guaranteed         Outstanding:       Occupation         Amount       Ruaranteed         Outstanding:       Outstanding:         3. Full Name (Last, First, Middle Initial)       Name of Employer
Mailing Address     Occupation       City     State     ZIP Code       Quaranteed Outstanding:     Outstanding:       2. Full Name (Last, First, Middle Initial)     Name of Employer       Mailing Address     Occupation       City     State     ZIP Code       Guaranteed Outstanding:     Occupation       Mailing Address     Occupation       State     ZIP Code       Guaranteed Outstanding:     Outstanding:       Amount     Guaranteed Outstanding:       3. Full Name (Last, First, Middle Initial)     Name of Employer
City       State       ZIP Code         Quistanding:       Quistanding:         2. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         Amount       Guaranteed         Occupation       Amount         Guaranteed       Outstanding:         Amount       Guaranteed         Outstanding:       7         Amount       Guaranteed         Outstanding:       7         3. Full Name (Last, First, Middle Initial)       Name of Employer
City       State       ZIP Code       Guaranteed Outstanding:         2. Full Name (Last, First, Middle Initial)       Name of Employer         Mailing Address       Occupation         City       State       ZIP Code         City       State       ZIP Code         Outstanding:       Amount         Guaranteed       Outstanding:         3. Full Name (Last, First, Middle Initial)       Name of Employer
Mailing Address     Occupation       City     State     ZIP Code       3. Full Name (Last, First, Middle Initial)     Name of Employer
City     State     ZIP Code       3. Full Name (Last, First, Middle Initial)     Name of Employer
City     State     ZIP Code     Guaranteed Outstanding:       3. Full Name (Last, First, Middle Initial)     Name of Employer
Mailing Address Occupation
City     State     ZIP Code       Outstanding:     0utstanding:
4. Full Name (Last, First, Middle Initial) Name of Employer
Mailing Address Occupation
Amount       City     State     ZIP Code     Guaranteed       Outstanding:     7     7
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