

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT
OR 00

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:
 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 05 / 01 / 2014 through 05 / 17 / 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 [Electronically Filed] Date 05 / 30 / 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CALLAHAN FOR OREGON

Report Covering the Period: From: / / To: / /

	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))....	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 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).....	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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

CALLAHAN FOR OREGON

Report Covering the Period: From: / / To: / /

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
12. 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
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)..... ▶	7922.00	33611.54

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1861.92	24296.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	2500.00	2500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	2500.00	2500.00
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) ►	4361.92	26796.90

III. CASH SUMMARY

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

**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 5 OF 15
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Jill Hood

Mailing Address 13181 Parkside Terrace

City State Zip Code
Cooper City FL 33330

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

Name of Employer Occupation
None Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.4829

Amount of Each Receipt this Period
250.00
Campaign contribution

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

Mailing Address 69695 Craig Loop

City State Zip Code
Summerville OR 97876

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

Name of Employer Occupation
Retired Law Enforcement

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11AI.5133

Amount of Each Receipt this Period
250.00
Campaign Contribution

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

Mailing Address 80 Puritan Lane

City State Zip Code
Sudbury MA 01776

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.5102

Amount of Each Receipt this Period
250.00
Campaign Contribution

SUBTOTAL of Receipts This Page (optional).....

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

750.00

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

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NAME OF COMMITTEE (In Full)
CALLAHAN FOR OREGON

A. Full Name (Last, First, Middle Initial)
Trent Thomason

Mailing Address 200 1st Ave
#412

City State Zip Code
St. Pete Beach FL 33706

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

Name of Employer Occupation
Large software co Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 03 / 2014

Transaction ID : SA11AI.4927

Amount of Each Receipt this Period
250.00

Campaign Contribution

B. Full Name (Last, First, Middle Initial)
Arthur R. Wagner

Mailing Address 3762 Montego Drive

City State Zip Code
Huntington Beach CA 92649-2005

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 03 / 2014

Transaction ID : SA11AI.4781

Amount of Each Receipt this Period
250.00

Campaign Contribution

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

500.00

1250.00

**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 7 OF 15			
	<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. Alpha Broadcasting		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 1211 SW 5th Avenue Suite 600		Amount of Each Disbursement this Period 420.75 Transaction ID : SB17.4763
City Portland	State OR Zip Code 97204	
Purpose of Disbursement Radio advertising on KXL during Lars Larson Show		Category/ Type 004
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. Arco AMPM - Salem, OR #3		Date of Disbursement MM / DD / YYYY 05 / 08 / 2014
Mailing Address 3820 Portland Road NE		Amount of Each Disbursement this Period 67.05 Transaction ID : SB17.4745
City Salem	State OR Zip Code 97301	
Purpose of Disbursement Gas for car to go to/from campaign event		Category/ Type 002
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. Arco AMPM - Salem, OR #3		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 3820 Portland Road NE		Amount of Each Disbursement this Period 53.01 Transaction ID : SB17.4733
City Salem	State OR Zip Code 97301	
Purpose of Disbursement Gas for car to go to go to/from campaign event		Category/ Type 002
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).....	540.81
TOTAL This Period (last page this line number only).....	

**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 8 OF 15			
	<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. Arco AMPM - Salem, OR #3			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 3820 Portland Road NE			Amount of Each Disbursement this Period 54.40 Transaction ID : SB17.4727
City Salem	State OR	Zip Code 97301	
Purpose of Disbursement Gas for car to go to/from campaign event		Category/ Type 002	
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) B. My Personality Plus - Michaels, Lisa			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 8152 SW Hall Blvd. #405			Amount of Each Disbursement this Period 451.65 Transaction ID : SB17.4768
City Beaverton	State OR	Zip Code 97008	
Purpose of Disbursement Advertising Agency/Media Buying Fee		Category/ Type 004	
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 05 / 13 / 2014
Mailing Address 2945 Liberty Road, S.E.			Amount of Each Disbursement this Period 45.99 Transaction ID : SB17.4740
City Salem	State OR	Zip Code 97302	
Purpose of Disbursement Printer ink to print campaign literature		Category/ Type 006	
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).....	552.04
TOTAL This Period (last page this line number only).....	

**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
	<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. Piryx Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 415.18 Transaction ID : SB17.5143
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Cumulative/Aggregate Piryx credit card transaction fee for online donations	Category/Type 003	
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. The Cleanery		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 3410 Commercial Street, S.E.		Amount of Each Disbursement this Period 21.00 Transaction ID : SB17.4741
City Salem	State OR Zip Code 97302	
Purpose of Disbursement Dry cleaning for campaign suit and tie	Category/Type 001	
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. The Cleanery		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 3410 Commercial Street, S.E.		Amount of Each Disbursement this Period 14.50 Transaction ID : SB17.4732
City Salem	State OR Zip Code 97302	
Purpose of Disbursement Dry cleaning of campaign suit	Category/Type 001	
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).....	450.68
TOTAL This Period (last page this line number only).....	

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 10 OF 15
	<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. Walmart		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 1940 Turner Road		Amount of Each Disbursement this Period 28.97 Transaction ID : SB17.4746
City Salem State OR Zip Code 97302	Purpose of Disbursement Printer ink to print campaign materials 006 Category/Type	
Candidate Name CALLAHAN FOR OREGON	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....	28.97
TOTAL This Period (last page this line number only).....	1572.50

**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 11 OF 15	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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. MARK ALLEN CALLAHAN		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address PO BOX 4352		Amount of Each Disbursement this Period 459.72 Transaction ID : SB19A.5149
City SALEM State OR Zip Code 97302	Purpose of Disbursement Loan re-payment from 04-01-14 Loan 009 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) B. MARK ALLEN CALLAHAN		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO BOX 4352		Amount of Each Disbursement this Period 40.00 Transaction ID : SB19A.5147
City SALEM State OR Zip Code 97302	Purpose of Disbursement Loan repayment for 04-01-14 Loan 009 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. MARK ALLEN CALLAHAN		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO BOX 4352		Amount of Each Disbursement this Period 2000.28 Transaction ID : SB19A.5145
City SALEM State OR Zip Code 97302	Purpose of Disbursement Loan re-payment for 04-01-14 Loan 009 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).....	2500.00
TOTAL This Period (last page this line number only).....	2500.00

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/10.5159

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
1000.00 0.00 1000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No
10 30 / 2013 6/1/14

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.

SCHEDULE C (FEC Form 3)
LOANS

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

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 2500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2500.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred M 12 / D 28 / Y 2013	Date Due M / D / Y 6/1/14	Interest Rate 0.00 % (apr)	Secured: <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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **CALLAHAN FOR OREGON** Transaction ID : **SC/10.5160**

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 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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TERMS

Date Incurred M 02 / D 01 / Y 2014	Date Due M / D / Y 6/1/14	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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.

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/10.4712

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

2500.00

Cumulative Payment To Date

2500.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

04 / 01 / 2014

Date Due

6/1/14

Interest Rate

0.00 % (apr)

Secured:

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)..... ▶

0.00

TOTALS This Period (last page in this line only)..... ▶

4000.00

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