

Date: 5/30/14

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

14 JUN -2 PM 3:47

To: Secretary of the Senate
Office of Public Records
P.O. Box 77578
Washington, DC 20013-7578

From: Mark Allen Callahan, Treasurer and Former Candidate
Callahan For Oregon
P.O. Box 4352
Salem, OR 97302
Committee Identification # C00548115

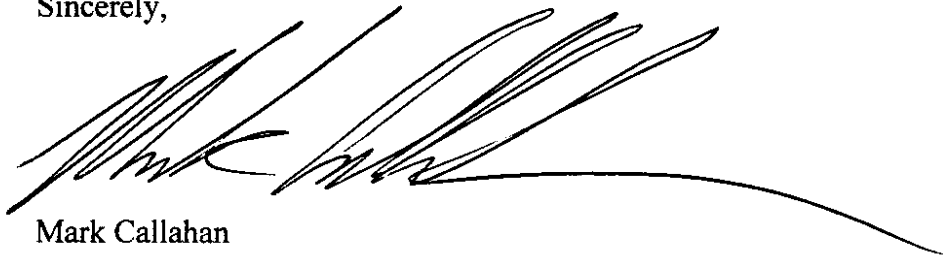
RE: Pre-Convention Report (05/01/2014 - 05/17/2014) and Termination Report
(05/18/2014 - 06/30/2014) Filings

To Whom It May Concern,

I am writing in response to a letter I received from the Federal Election Commission, dated 5/27/14, included. The letter stated that they had not yet received my Pre-Convention Report (05/01/2014 - 05/17/2014), and that I had 4 business days to submit it from the date of the letter. I am submitting my Pre-Convention Report (05/01/2014 - 05/17/2014), with this cover letter. I apologize for the delay in submitting my Pre-Convention Report (05/01/2014 - 05/17/2014), as the last few days of the campaign, and for about a week after the May 20th, 2014 Primary Election here in Oregon, have been very busy. My team and I have been trying to catch up.

Also with this cover letter, I am also submitting my Termination Report for the Callahan for Oregon U.S. Senate Campaign. Unfortunately, I was not the candidate in the May 20th, 2014 Republican Primary here in Oregon, that got enough votes to make it through the primary election, and be eligible to participate in the November 2014 General Election, as a U.S. Senate Candidate. Please feel free to contact me if you have any questions or need any additional information. Thank you.

Sincerely,



Mark Callahan

14020410526



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
RQ-7
14 JUN -2 PM 3:48

May 27, 2014

MARK ALLEN CALLAHAN, TREASURER
CALLAHAN FOR OREGON
PO BOX 4352
SALEM, OR 97302

IDENTIFICATION NUMBER: C00548115

REFERENCE: PRE-CONVENTION REPORT (05/01/2014 - 05/17/2014)

Dear Treasurer:

It has come to the attention of the Federal Election Commission that you may have failed to file the above referenced report of receipts and disbursements as required by the Federal Election Campaign Act, as amended.

You will be allowed until **5:00 pm est on the fourth (4th) business day** from the date of this notice to file this report to avoid publication. If you have already filed the report by express, certified or registered mail or are planning to file it within four (4) business days from the date of this notice, **please notify us immediately** of the certified, registered or express tracking number and the date that the report was sent.

The report must be filed with the Federal Election Commission, 999 E Street, N.W., Washington, DC 20463 for House candidates, or the Secretary of the Senate, 232 Hart Senate Office Building, Washington, DC 20510 (if sent via overnight delivery service) or Senate Office of Public Records, P.O. Box 77578, Washington, DC 20013-7578 (if sent via USPS) for Senate Candidates. Please note that electronic filers must submit their reports electronically, as per 11 CFR §104.18. A copy of the report must also be filed with the Secretary of State or equivalent State officer unless the state is exempt from the federal requirement to receive and maintain paper copies. You can verify the Commission's receipt of any documents submitted by your committee on the FEC website at www.fec.gov.

In addition, the failure to timely file this report may result in civil money penalties, an audit or other legal enforcement action. The civil money penalty calculation for late reports does not include a grace period and begins on the day following the due date for the report.

14020410527

CALLAHAN FOR OREGON

Page 2 of 2

If you have any questions regarding this matter, please contact Marlene Colucci in the Reports Analysis Division on our toll-free number (800)424-9530. Our local number is (202)694-1130.

Sincerely,

Debbie Chacona

Deborah Chacona
Assistant Staff Director
Reports Analysis Division

250

14020410528

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

Office Use Only JUN -2 PM 3:47

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 SALEM OR 97302 Check if different than previously reported. (ACC)

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

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 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.

Table with 8 columns for Office Use Only

14020410529

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CALLAHAN FOR OREGON

Report Covering the Period: From: **05 / 01 / 2014** To: **05 / 17 / 2014**

	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

14020410530

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: 05 / 01 / 2014 To: 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
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

14020410531

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

14020410532

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

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

Full Name (Last, First, Middle Initial) Jill Hood			Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2014		
Mailing Address 13181 Parkside Terrace			Transaction ID : SA11AI.4829		
City Cooper City	State FL	Zip Code 33330	Amount of Each Receipt this Period 250.00 Campaign contribution		
FEC ID number of contributing federal political committee. C					
Name of Employer None		Occupation Homemaker			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00			

Full Name (Last, First, Middle Initial) John Mola			Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2014		
Mailing Address 69695 Craig Loop			Transaction ID : SA11AI.5133		
City Summerville	State OR	Zip Code 97876	Amount of Each Receipt this Period 250.00 Campaign Contribution		
FEC ID number of contributing federal political committee. C					
Name of Employer Retired		Occupation Law Enforcement			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00			

Full Name (Last, First, Middle Initial) Arnold Rubin			Date of Receipt M M / D D / Y Y Y Y 05 / 06 / 2014		
Mailing Address 80 Puritan Lane			Transaction ID : SA11AI.5102		
City Sudbury	State MA	Zip Code 01776	Amount of Each Receipt this Period 250.00 Campaign Contribution		
FEC ID number of contributing federal political committee. C					
Name of Employer Retired		Occupation Retired			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00			

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

14020410533

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

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

FOR LINE NUMBER: PAGE 6 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"/>	15
	12		13a		13b		14		

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)
Trent Thomason

Mailing Address 200 1st Ave
#412

City St. Pete Beach State FL Zip Code 33706

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

Name of Employer Large software co Occupation Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / 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 Huntington Beach State CA Zip Code 92649-2005

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / 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

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

14020410534

**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	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

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).....	

14020410535

**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	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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

Full Name (Last, First, Middle Initial) A. Arco AMPM - Salem, OR #3		Date of Disbursement MM / DD / YYYY 05 / 16 / 2014
Mailing Address 3820 Portland Road NE		Amount of Each Disbursement this Period 54.40
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 MM / DD / YYYY 05 / 16 / 2014
Mailing Address 8152 SW Hall Blvd. #405		Amount of Each Disbursement this Period 451.65
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 MM / DD / YYYY 05 / 13 / 2014
Mailing Address 2945 Liberty Road, S.E.		Amount of Each Disbursement this Period 45.99
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)	

14020410536

**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

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

Full Name (Last, First, Middle Initial)
A. Piryx Inc.

Mailing Address 144 2nd Street
1st Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement Cumulative/Aggregate Piryx credit card transaction fee for online donations

Candidate Name **CALLAHAN FOR OREGON**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: OR District: 00

Date of Disbursement 05 / 16 / 2014

Amount of Each Disbursement this Period 415.18

Transaction ID : SB17.5143

Category/Type 003

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

Mailing Address 3410 Commercial Street, S.E.

City Salem State OR Zip Code 97302

Purpose of Disbursement Dry cleaning for campaign suit and tie

Candidate Name **CALLAHAN FOR OREGON**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: OR District: 00

Date of Disbursement 05 / 13 / 2014

Amount of Each Disbursement this Period 21.00

Transaction ID : SB17.4741

Category/Type 001

Full Name (Last, First, Middle Initial)
c. The Cleanery

Mailing Address 3410 Commercial Street, S.E.

City Salem State OR Zip Code 97302

Purpose of Disbursement Dry cleaning of campaign suit

Candidate Name **CALLAHAN FOR OREGON**

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: OR District: 00

Date of Disbursement 05 / 15 / 2014

Amount of Each Disbursement this Period 14.50

Transaction ID : SB17.4732

Category/Type 001

SUBTOTAL of Disbursements This Page (optional)..... 450.68

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

14020410537

**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
---	------------------------------------	-------------------------------------	------------------------------------

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

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		Category/ Type 006
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.		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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

14020410538

**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)

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

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. MARK ALLEN CALLAHAN

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

Date of Disbursement
M M / D D / Y Y Y Y
05 / 08 / 2014

Mailing Address PO BOX 4352

City SALEM State OR Zip Code 97302

Purpose of Disbursement
Loan re-payment from 04-01-14 Loan

Candidate Name
CALLAHAN FOR OREGON

Office Sought: House Senate President
 Primary General
 Other (specify)

State: OR District: 00

Disbursement For: 2014

Amount of Each Disbursement this Period
459.72

Transaction ID : SB19A.5149

Category/Type
009

B. MARK ALLEN CALLAHAN

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

Date of Disbursement
M M / D D / Y Y Y Y
05 / 12 / 2014

Mailing Address PO BOX 4352

City SALEM State OR Zip Code 97302

Purpose of Disbursement
Loan repayment for 04-01-14 Loan

Candidate Name
CALLAHAN FOR OREGON

Office Sought: House Senate President
 Primary General
 Other (specify)

State: OR District: 00

Disbursement For: 2014

Amount of Each Disbursement this Period
40.00

Transaction ID : SB19A.5147

Category/Type
009

C. MARK ALLEN CALLAHAN

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

Date of Disbursement
M M / D D / Y Y Y Y
05 / 15 / 2014

Mailing Address PO BOX 4352

City SALEM State OR Zip Code 97302

Purpose of Disbursement
Loan re-payment for 04-01-14 Loan

Candidate Name
CALLAHAN FOR OREGON

Office Sought: House Senate President
 Primary General
 Other (specify)

State: OR District: 00

Disbursement For: 2014

Amount of Each Disbursement this Period
2000.28

Transaction ID : SB19A.5145

Category/Type
009

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

14020410539

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

Mailing Address
PO BOX 4352

General

Other (specify) ▼

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 / 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.

14020410540

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)

[PERSONAL FUNDS]

Election: 2014

MARK ALLEN CALLAHAN

Primary

Mailing Address
PO BOX 4352

General

Other (specify) ▼

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 / 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)... ▶ 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.

14020410541

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/10.5160**

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
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 01 / 2014	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.

14020410542

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)

[PERSONAL FUNDS]

Election: 2014

MARK ALLEN CALLAHAN

Primary

Mailing Address
PO BOX 4352

General

Other (specify) ▼

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	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 01 / 2014	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)... 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.

14020410543

14020410544

Print postage online - Go to usps.com/postageonline

POSTAGE REQUIRED.

PLEASE PRESS FIRMLY

PLEASE PRESS FIRMLY



Flat Rate Mailing Envelope
For Domestic and International Use

Visit us at usps.com

SCREENED BY THE SENATE POST OFFICE

Place Mailing Label Here:



When used internationally affix customs declarations (PS Form 2976, or 2976A).

N/K 5/31



USPS packaging products have been awarded Cradle to Cradle Certification for their ecologically-intelligent design. For more information go to mbdc.com/usps. Cradle to Cradle Certified is a certification mark of MBDC.

Please recycle.



EPT3F

UNITED STATES POSTAL SERVICE		Click-N-Ship®	
E	usps.com 9481 7036 9930 0014 1292 19 0181 1001 0102 0013 \$18.11 US POSTAGE Flat Rate Env		
	05/30/14	Commercial Base Pricing Mailed from 97302 082S000001308	
PRIORITY MAIL EXPRESS 1-DAY™			
MARK CALLAHAN PO BOX 4352 SALEM OR 97302-8352		Scheduled Delivery Date: 05/31/14	
		0007	
		B078	
SIGNATURE REQUIRED			
SHIP TO: SECRETARY OF THE SENATE OFFICE OF PUBLIC RECORDS PO BOX 77578 WASHINGTON DC 20013-8578			
USPS SIGNATURE TRACKING #			
9481 7036 9930 0014 1292 19			

us at usps.

This packaging is the property of the U.S. Postal Service and its provided solely for use in the United States.

NANCY ERICKSDN
SECRETARY

DANA K. McCALLUM
SUPERINTENDENT
MART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7111
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL 5-31-14 _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DBL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

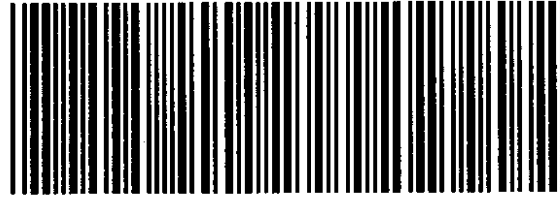
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

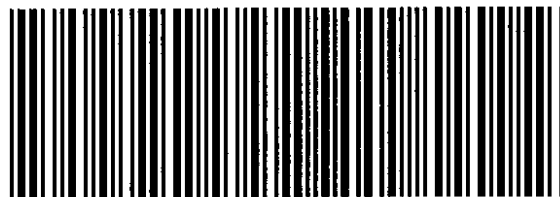
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 6-2-14

14020410545



SEN PATCH



SEN PATCH

14020410546