

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC OFFICES

14 JUN -2 PM 3:47
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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00548115 3. IS THIS REPORT NEW (N) OR AMENDED (A) 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 M M / D D / Y Y Y in the State of
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y through M M / D D / Y Y Y
05 18 2014 06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MARK ALLEN CALLAHAN

Signature of Treasurer MARK ALLEN CALLAHAN Date M M / D D / Y Y Y
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 and 1 row. The first column is labeled 'Office Use Only'.

14020410547

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

CALLAHAN FOR OREGON

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 05 / 18 / 2014 To: ^{M M / D D / Y Y Y Y} 06 / 30 / 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)) ..	0.00	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)) ..	0.00	27111.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	2964.82	27261.72
(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))...	2964.82	27261.72
8. Cash on Hand at Close of Reporting Period (from Line 27)...	0.00	
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) ..	0.00	

For further information contact:

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

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

14020410548

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

CALLAHAN FOR OREGON

Report Covering the Period: From: 05 / 18 / 2014 To: 06 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	0.00	8750.00
(ii) Unitemized.....	0.00	9272.00
(iii) TOTAL of contributions from individuals .	0.00	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))..	0.00	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)...	0.00	33611.54

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DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	2964.82	27261.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	3849.82	6349.82
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	3849.82	6349.82
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) ►	6814.64	33611.54

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	6814.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	0.00
25. SUBTOTAL (add Line 23 and Line 24)...	6814.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	6814.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	0.00

14020410550

**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 5 OF 10	
	<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. Alpha Broadcasting			Date of Disbursement M M / D D / Y Y Y 05 / 19 / 2014		
Mailing Address 1211 SW 5th Avenue Suite 600			Amount of Each Disbursement this Period 527.00		
City Portland State OR Zip Code 97204		Transaction ID : SB17.4772			
Purpose of Disbursement Radio advertising on KXL during Lars Larson Show		004		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. Arco AMPM - Salem, OR #3			Date of Disbursement M M / D D / Y Y Y 05 / 19 / 2014		
Mailing Address 3820 Portland Road NE			Amount of Each Disbursement this Period 51.00		
City Salem State OR Zip Code 97301		Transaction ID : SB17.4724			
Purpose of Disbursement Gas for car to go to/from campaign event		002		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. Comcast Spotlight			Date of Disbursement M M / D D / Y Y Y 05 / 19 / 2014		
Mailing Address 2000 SW First Ave Suite 200			Amount of Each Disbursement this Period 2138.60		
City Portland State OR Zip Code 97201		Transaction ID : SB17.4770			
Purpose of Disbursement TV Advertising on Fox News Channel		004		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).....	2716.60
TOTAL This Period (last page this line number only).....	

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 10

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

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NAME OF COMMITTEE (In Full)
CALLAHAN FOR OREGON

Full Name (Last, First, Middle Initial) A. My Personality Plus - Michaels, Lisa		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 8152 SW Hall Blvd. #405		Amount of Each Disbursement this Period 93.00 Transaction ID : SB17.4774
City Beaverton	State OR	
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) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 2945 Liberty Road, S.E.		Amount of Each Disbursement this Period 40.96 Transaction ID : SB17.4718
City Salem	State OR	
Purpose of Disbursement Thank you cards to send to donors		Category/ Type 003
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. The Cleanery		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 3410 Commercial Street, S.E.		Amount of Each Disbursement this Period 46.75 Transaction ID : SB17.4719
City Salem	State OR	
Purpose of Disbursement Final dry cleaning, and repair, of suit and tie used during the campaign		Category/ Type 001
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).....	180.71
TOTAL This Period (last page this line number only).....	2897.31

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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 29 2014
Mailing Address PO BOX 4352		Amount of Each Disbursement this Period 1000.00
City SALEM State OR Zip Code 97302	Transaction ID : SB19A.5161	
Purpose of Disbursement Loan repayment for 10-30-13 Loan		009
Candidate Name CALLAHAN FOR OREGON		Category/ Type
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 29 2014
Mailing Address PO BOX 4352		Amount of Each Disbursement this Period 2500.00
City SALEM State OR Zip Code 97302	Transaction ID : SB19A.5162	
Purpose of Disbursement Loan Repayment for 12-28-13 Loan		009
Candidate Name CALLAHAN FOR OREGON		Category/ Type
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 29 2014
Mailing Address PO BOX 4352		Amount of Each Disbursement this Period 349.82
City SALEM State OR Zip Code 97302	Transaction ID : SB19A.5165	
Purpose of Disbursement Loan repayment for 2-1-14 Loan		009
Candidate Name CALLAHAN FOR OREGON		Category/ Type
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).....	3849.82
TOTAL This Period (last page this line number only).....	3849.82

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SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
CALLAHAN FOR OREGON

Transaction ID : SC/10.5159

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:
10 / 30 / 2013	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.

14020410554

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

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

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

Mailing Address
PO BOX 4352

City State ZIP Code
SALEM OR 97302

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
12 / 28 / 2013	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.

14020410555

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)

[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
500.00	3849.82	-3500.00

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)... ▶ -3500.00

TOTALS This Period (last page in this line only)... ▶ 0.00

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

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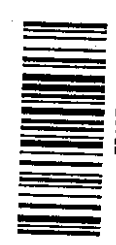
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United States Senate

OFFICE OF THE SECRETARY

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Postmark **5-31-14**

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USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

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UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

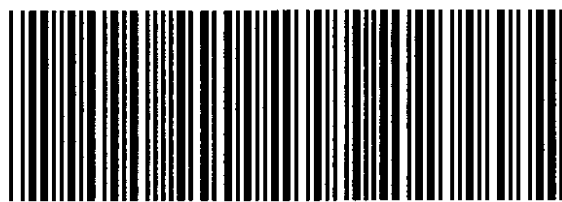
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FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **6-2-14**

14020410558



SEN PATCH



SEN PATCH

14020410559