

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

SECRETARY OF THE SENATE

14 MAY -9 PM 2:54
Office Use Only

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

12FE4M5

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
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 04 / 01 / 2014 through 04 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **MARK ALLEN CALLAHAN**

Signature of Treasurer MARK ALLEN CALLAHAN Date 05 / 06 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only
FEC FORM 3
(Revised 02/2003)

14020353568

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CALLAHAN FOR OREGON

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2014

To:

MM / DD / YYYY
04 / 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))...	1890.00	23189.54
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	1890.00	23189.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	4578.31	22434.98
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	4578.31	22434.98
8. Cash on Hand at Close of Reporting Period (from Line 27)...	3254.56	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	2500.00	

For further information contact:

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

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

14020353569

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 12

Write or Type Committee Name

CALLAHAN FOR OREGON

Report Covering the Period: From:

M M / D D / Y Y Y Y
04 / 01 / 2014

To:

M M / D D / Y Y Y Y
04 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	1750.00	7500.00
(ii) Unitemized	125.00	2600.00
(iii) TOTAL of contributions from individuals	1875.00	10100.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) The Candidate	15.00	13089.54
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1890.00	23189.54
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	2500.00	2500.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	2500.00	2500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	4390.00	25689.54

14020353570

DETAILED SUMMARY PAGE
of Disbursements

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

III. CASH SUMMARY

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

14020353571

**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 12
	<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) Dan Clopton		Date of Receipt MM / DD / YYYY 04 / 03 / 2014	
Mailing Address 3655 West 18th		Transaction ID : SA11AI.4698	
City Eugene	State OR	Zip Code 97402	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1750.00 In-kind - Campaign Management Services	
Name of Employer		Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1750.00	

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

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

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	1750.00

14020353572

**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 12
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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) MARK ALLEN CALLAHAN		Date of Receipt MM/DD/YYYY 04/08/2014
Mailing Address PO BOX 4352		Transaction ID : SA11D.4711
City SALEM	State OR	
FEC ID number of contributing federal political committee. C S4OR00172		Amount of Each Receipt this Period 15.00
Name of Employer Robert Half International	Occupation Information Technology Consultant	Campaign contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 15589.54	

B.

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

C.

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

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

14020353573

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

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NAME OF COMMITTEE (In Full)
CALLAHAN FOR OREGON

Full Name (Last, First, Middle Initial) MARK ALLEN CALLAHAN		Date of Receipt MM / DD / YYYY 04 / 01 / 2014
Mailing Address PO BOX 4352		Transaction ID : SA13A.4712
City SALEM	State OR Zip Code 97302	
FEC ID number of contributing federal political committee. C S4OR00172		Amount of Each Receipt this Period 2500.00
Name of Employer Robert Half International	Occupation Information Technology Consultant	Loan made to campaign for campaign expenses
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 15574.54	

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

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

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

14020353574

**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 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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NAME OF COMMITTEE (In Full)
CALLAHAN FOR OREGON

Full Name (Last, First, Middle Initial) A. Costco		Date of Disbursement MM / DD / YYYY 04 / 19 / 2014
Mailing Address 1010 Hawthorne Avenue, S.E.		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.4658
City Salem	State OR	
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. Costco		Date of Disbursement MM / DD / YYYY 04 / 27 / 2014
Mailing Address 1010 Hawthorne Avenue, S.E.		Amount of Each Disbursement this Period 72.53 Transaction ID : SB17.4668
City Salem	State OR	
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) C. Costco - Wilsonville		Date of Disbursement MM / DD / YYYY 04 / 26 / 2014
Mailing Address 25920 SW Heather Place		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4669
City Wilsonville	State OR	
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	

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

14020353575

**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 12	
	<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. Dan Clopton		Date of Disbursement MM / DD / YYYY 04 / 03 / 2014
Mailing Address 3655 West 18th		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.4700
City Eugene	State OR Zip Code 97402	
Purpose of Disbursement In-kind - Campaign Management Services		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Dan Clopton		Date of Disbursement MM / DD / YYYY 04 / 03 / 2014
Mailing Address 3655 West 18th		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4701
City Eugene	State OR Zip Code 97402	
Purpose of Disbursement Campaign Management Services		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		

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement MM / DD / YYYY 04 / 23 / 2014
Mailing Address 2945 Liberty Road, S.E.		Amount of Each Disbursement this Period 68.76 Transaction ID : SB17.4663
City Salem	State OR 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).....	3818.76
TOTAL This Period (last page this line number only).....	

14020353576

**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

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NAME OF COMMITTEE (In Full)
CALLAHAN FOR OREGON

Full Name (Last, First, Middle Initial)
A. Safeway - Salem, OR

Mailing Address **5660 Commercial Street, SE**

City **Salem** State **OR** Zip Code **97302**

Purpose of Disbursement
Gas for car to go to/from campaign event

Candidate Name
CALLAHAN FOR OREGON

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement
MM / DD / YYYY
04 / 07 / 2014

Amount of Each Disbursement this Period
20.00

Transaction ID : **SB17.4685**

Category/Type
002

Full Name (Last, First, Middle Initial)
B. Safeway - Salem, OR

Mailing Address **5660 Commercial Street, SE**

City **Salem** State **OR** Zip Code **97302**

Purpose of Disbursement
Gas for car to go to/from campaign event

Candidate Name
CALLAHAN FOR OREGON

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement
MM / DD / YYYY
04 / 29 / 2014

Amount of Each Disbursement this Period
22.82

Transaction ID : **SB17.4651**

Category/Type
002

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 and repair for 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
MM / DD / YYYY
04 / 02 / 2014

Amount of Each Disbursement this Period
22.50

Transaction ID : **SB17.4694**

Category/Type
001

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

65.32

14020353577

**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 12	
	<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. The Cleanery		Date of Disbursement MM / DD / YYYY 04 / 16 / 2014
Mailing Address 3410 Commercial Street, S.E.		Amount of Each Disbursement this Period 14.50 Transaction ID : SB17.4653
City Salem	State OR	
Purpose of Disbursement Dry cleaning for campaign suit		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	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
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 MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
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).....	14.50
TOTAL This Period (last page this line number only).....	4041.11

1402035578

SCHEDULE C (FEC Form 3)
LOANS

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
 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: M 04 / D 01 / Y 2014
 Date Due: M M / D D / Y 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)...	2500.00
TOTALS This Period (last page in this line only) ..	2500.00

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

14020353579



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usps.com 9405 5036 9930 0291 7639 28 0050 5001 0102 0013

\$5.05

US POSTAGE

Flat Rate Env



Commercial Base Pricing

05/08/14

Mailed from 97302 062S0000000311

PRIORITY MAIL 2-DAY™

MARK CALLAHAN

Expected Delivery Date: 05/09/2014

PO BOX 4352

SALEM OR 97302-8352

0004

**SCREENED
BY THE SENATE**

B078

SHIP TO: **POST OFFICE**
OFFICE OF PUBLIC RECORDS
SECRETARY OF THE SENATE
PO BOX 77578
WASHINGTON DC 20013-8578

USPS TRACKING #



9405 5036 9930 0291 7639 28

Electronic Rate Approved #038555749

Flat Rate Envelope



UNITED STATES POSTAL SERVICE

14020353580

1 X E

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
MAR. CHATEAU OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-71
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 5-6-14 _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE
FEDERAL EXPRESS	_____
UPS	_____
DHL	_____
AIRBORNE EXPRESS	_____

NEXT BUSINESS DAY DELIVERY

-
-
-
-

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 5-9-14

14020353581

14020353582

