05/30/2014 05 : 54

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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	•	For An	Author	ized Comi	mittee			Office Use Only
1. NAME OF COMMITTEE (in	full)	TYPE OR PRIN	Τ ▼		ample: If typiner the lines.	g, type	12FE4M5	
CALLAHAN FO	OR ORE	GON			1 1 1 1			
ADDRESS (number ar	nd street)	PO BOX 4352						
Check if dif	forest							
than previous reported. (A	usly	SALEM					OR	97302
2. FEC IDENTIFIC	CATION NU	JMBER ▼		CITY			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C005481	15			IS THIS REPORT	NEW (N)	OR	× AMENE (A)	
4. TYPE OF RE (a) Quarterly R April 15	•	·	(b)	12-Day PRE-	Election Report Primary (12P) Convention ()	General (1	
	Quarterly R r 15 Quarter	eport (Q2) rly Report (Q3)		Election on	M M /	20	Y Y Y Y Y 2014	in the OR State of
January	/ 31 Year-En	d Report (YE)	(c) ;	30-Day POS	r -Election Rep	ort for the	:	
					General (30G)	Runoff (30	OR) Special (30S)
Termina	ition Report	(TER)		Election on	M M /	D D	YYYY	in the State of
5. Covering Period	M 04	M / D D D D D D D D D D D D D D D D D D		014 Y	through	M 04	30	Y Y Y Y Y 2014
I certify that I have e	examined th	is Report and to	the be	est of my kn	owledge and l	belief it is i	true, correct and	d complete.
Type or Print Name	of Treasurer	MARK ALLE	N CALL	AHAN				
Signature of Treasure	er <u>MAR</u>	RK ALLEN CALLA	HAN		[Electronically I	Filed]	Date 05	06 7 2014
NOTE: Submission of	false, errone	eous, or incompl	ete infor	mation may s	subject the per	son signing	this Report to the	the penalties of 2 U.S.C. §437g.
Office Use Only								FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 15

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

CALLAHAN FOR OREGON

04 30 2014 01 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 1890.00 19189.54 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 1890.00 19189.54 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 4578.31 22434.98 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 4578.31 22434.98 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 3254.56 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 6500.00 Schedule C and/or Schedule D).....

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)

PAGE 3 / 15

Write or Type Committee Name

CALLAHAN FOR OREGON

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(e) TOTAL CONTRIBUTIONS	15.00	9089.54			
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	1890.00	19189.54			
	TRANSFERS FROM OTHER	0.00	0.00			
	AUTHORIZED COMMITTEES	0.00	0.00			
	LOANS: (a) Made or Guaranteed by the					
	Candidate	2500.00	6500.00			
	(b) All Other Loans	0.00	0.00			
	(c) TOTAL LOANS (add Lines 13(a) and (b))	2500.00	6500.00			
	OFFSETS TO OPERATING					
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00			
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00			
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	4390.00	25689.54			

DETAILED SUMMARY PAGE

of Disbursements

PAGE 4 / 15 FEC Form 3 (Revised 02/2003)

COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 4578.31 22434.98 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 4578.31 22434.98 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 3442.87 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 4390.00 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 7832.87 25. SUBTOTAL (add Line 23 and Line 24)..... 4578.31 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 3254.56 (subtract Line 26 from Line 25).....

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

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

FOR LINE NUMBER:					PAGE	:	5	OF	15
(che	ck only	or	ne)						
X	11a		11b		11c		11	d	_
	12		13a		13b		14	ļ	15

	ny information copied from such Reports and S r for commercial purposes, other than using the					
\setminus	NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON					
۹.	Full Name (Last, First, Middle Initial) Dan Clopton Mailing Address 3655 West 18th		Date of Receipt			
	City	State Zip Code	04 03 2014			
	City Eugene	OR 97402	Transaction ID : SA11AI.4698			
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
	Name of Employer	Occupation	1750.00 In-kind - Campaign Management Services			
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date				
	Full Name (Last, First, Middle Initial)		Date of Receipt			
3.	Mailing Address	M M / D D / Y Y Y Y				
	City	State Zip Code				
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period			
	Name of Employer	Occupation				
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date				
	Full Name (Last, First, Middle Initial)					
Э.	Mailing Address		Date of Receipt			
	City	State Zip Code				
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
	Name of Employer	Occupation				
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date				
5	SUBTOTAL of Receipts This Page (optional)		1750.00			
7	FOTAL This Period (last page this line number o	1750.00				

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)

11a 11b 11b 12a

-	OR LINE NUMBER:					PAGE	Ξ	6	OF	15
check only one)										
		11a		11b		11c	X	11	d	
		12		13a		13b		14		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 Full Name (Last, First, Middle Initial) MARK ALLEN CALLAHAN Date of Receipt Mailing Address PO BOX 4352 2014 80 City State Zip Code Transaction ID: SA11D.4711 OR 97302 **SALEM** FEC ID number of contributing Amount of Each Receipt this Period S4OR00172 federal political committee. Name of Employer Occupation Campaign contribution Robert Half International Information Technology Consultant Receipt For: 2014 Election Cycle-to-Date | Primary General 15589.54 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 15.00 SUBTOTAL of Receipts This Page (optional)..... 15.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF 15 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page X 13a 12 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 Full Name (Last, First, Middle Initial) MARK ALLEN CALLAHAN Date of Receipt Mailing Address PO BOX 4352 2014 01 City State Zip Code Transaction ID: SA13A.4712 OR 97302 SALEM FEC ID number of contributing Amount of Each Receipt this Period S4OR00172 federal political committee. 2500.00 Name of Employer Occupation Loan made to campaign for campaign expenses Robert Half International Information Technology Consultant Receipt For: 2014 Election Cycle-to-Date | Primary General 15574.54 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... 2500.00 TOTAL This Period (last page this line number only).....

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

				NUMBI	ER:		PA	GE	8	OF	15
Use separate schedule(s) for each category of the Detailed Summary Page		(check	X	y one) 17 20a		18 20b			19a 20c		19b 21
	ay not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.										
				of Disb	urse	D /		Y	y y 2014	T Y	

	ny information copied from such Reports and Statements may not be sold or ut for commercial purposes, other than using the name and address of any polit		
\rangle	NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON		
Α.	Full Name (Last, First, Middle Initial) Costco Mailing Address 1010 Hawthorne Avenue, S.E.		Date of Disbursement O4 19 2014
	City Salem OR 97301 Purpose of Disbursement Gas for car to go to/from campaign event Candidate Name CALLAHAN FOR OREGON Office Sought: House Senate President State: OR District: 00 State OR District: 00	002 Category/ Type	Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.4658
В.	Full Name (Last, First, Middle Initial) Costco Mailing Address 1010 Hawthorne Avenue, S.E.	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City State Zip Code Salem OR 97301 Purpose of Disbursement Gas for car to go to/from campaign event Candidate Name CALLAHAN FOR OREGON Office Sought: House Senate President President State: OR District: 00	002 Category/ Type	Amount of Each Disbursement this Period 72.53 Transaction ID : SB17.4668
C.	Full Name (Last, First, Middle Initial) Costco - Wilsonville Mailing Address 25920 SW Heather Place		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code Wilsonville OR 97070 Purpose of Disbursement gas for car to go to/from campaign event Candidate Name CALLAHAN FOR OREGON Office Sought: House Senate President President Other (specify)	002 Category/ Type	Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4669
Г	SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)		142.53

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE NUMBI	PAGE	9 ()F	15	
Use separate schedule(s)	(check only one)					
for each category of the Detailed Summary Page	X 17	18		19a] 19k
Betailed Guillinary 1 age	20a	20b		20c		21

	Detailed Summ	ary Page	20a 20b 20c 21					
	ly information copied from such Reports and Statements may not be sold of for commercial purposes, other than using the name and address of any possible to the commercial purposes.							
\rangle	NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON							
	Full Name (Last, First, Middle Initial)		Bata of Bishar					
۹.	Dan Clopton		Date of Disbursement O4 03 2014					
	Mailing Address 3655 West 18th		04 03 2014					
	City State Zip Code		Amount of Each Disbursement this Period					
	Eugene OR 97402 Purpose of Disbursement		1750.00					
	In-kind - Campaign Management Services		Transaction ID : SB17.4700					
	Candidate Name	Category/ Type						
	Office Sought: House Senate President Disbursement For: 2014 Primary Other (specify)	l						
	State: District:		-					
3.	Full Name (Last, First, Middle Initial) Dan Clopton		Date of Disbursement					
	Mailing Address 3655 West 18th		04					
	City State Zip Code		Amount of Each Disbursement this Period					
	Eugene OR 97402							
	Purpose of Disbursement Campaign Management Services	001	2000.00 Transaction ID : SB17.4701					
	CALLAHAN FOR OREGON	Category/ Type						
	Office Sought: House Senate President State: OR Disbursement For: 2014 Primary Other (specify)	I						
	Full Name (Last, First, Middle Initial)							
Э.	Office Depot		Date of Disbursement					
	Mailing Address 2945 Liberty Road, S.E.		04 23 7 2014					
	City State Zip Code		Amount of Each Disbursement this Period					
	Salem OR 97302		60.76					
	Purpose of Disbursement Printer ink to print campaign literature	006	68.76 Transaction ID : SB17.4663					
	Candidate Name CALLAHAN FOR OREGON	Category/ Type	11aliadellUll ID . 3D17.4003					
	Office Sought: House Senate President State: OR Disbursement For: 2014 Primary Other (specify) Other (specify)							
s	SUBTOTAL of Disbursements This Page (optional)							
Т	OTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3)

PAGE 10 15 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b 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) Date of Disbursement Safeway - Salem, OR 2014 Mailing Address 5660 Commercial Street, SE 07 City State Zip Code Amount of Each Disbursement this Period OR Salem 97302 Purpose of Disbursement 20.00 Gas for car to go to/from campaign event 002 Transaction ID: SB17.4685 Candidate Name Category/ CALLAHAN FOR OREGON Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President OR State: District: Full Name (Last, First, Middle Initial) Safeway - Salem, OR Date of Disbursement Mailing Address 5660 Commercial Street, SE 04 29 2014 City State Zip Code Amount of Each Disbursement this Period OR 97302 Salem 22.82 Purpose of Disbursement Gas for car to go to/from campaign event 002 Transaction ID: SB17.4651 Candidate Name Category/ CALLAHAN FOR OREGON Type House Disbursement For: Office Sought: 2014 Senate Primary General Other (specify) President State: OR District: Full Name (Last, First, Middle Initial) Date of Disbursement C. The Cleanery Mailing Address 3410 Commercial Street, S.E. 02 2014 04 City State Zip Code Amount of Each Disbursement this Period Salem OR 97302 Purpose of Disbursement 22.50 Dry cleaning and repair for campaign suit 001 Transaction ID : SB17.4694 Candidate Name Category/ CALLAHAN FOR OREGON Type Office Sought: Disbursement For: 2014 House General Senate Primary Other (specify) President State: OR District: 00 65.32 SUBTOTAL of Disbursements This Page (optional).....

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	NUMBE		PAGE	11	OF	15	
Use separate schedule(s) for each category of the Detailed Summary Page	(check on	ly one)	_					
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ay not be sold or used by any person for the purpose of soliciting contributions								

	Detailed S	Summary	raye			20a		20b	20c	21
	ny information copied from such Reports and Statements may not be so for commercial purposes, other than using the name and address of a					the purp	ose (of solici	ting contrib	utions
\rangle	NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON	•								
۸.	Full Name (Last, First, Middle Initial) The Cleanery					of Disbu				
	Mailing Address 3410 Commercial Street, S.E.			7 [M 04		16	/ [2014	Y
	City State Zip Coo Salem OR 97302		Amount of Each Disbursement this Period							
	Purpose of Disbursement Dry cleaning for campaign suit		001	Tra	nsa	ction ID	: SB	17.4653	14.	50
	Candidate Name CALLAHAN FOR OREGON Office Sought: House Disbursement For: 2014		Category/ Type							
		eneral								
3.	Full Name (Last, First, Middle Initial)				ate	of Disbu	ursen		Y " Y " Y "	v
	Mailing Address				IVI	W /		íl í L		
	City State Zip Cod	ode		_ A	mou	unt of Ea	ach D	Disburse	ment this F	Period
	Purpose of Disbursement Candidate Name		Catagony] ١			_			
	Office Sought: House Disbursement For:		Category/ Type							
		eneral								
D.	Full Name (Last, First, Middle Initial)			С	ate	of Disbu	ursen	nent		
<i>.</i>	Mailing Address			- [M	M /	D D	/ \	/ Y Y	Y
	City State Zip Code			A	mou	unt of Ea	ach D	Disburse	ment this F	Period
	Purpose of Disbursement			7 L	_		_			
	Candidate Name		Category/ Type							
	Office Sought: House	eneral								
s	SUBTOTAL of Disbursements This Page (optional)			[14.	50
	OTAL This Period (last page this line number only)								4041.	11

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

12

×	13a
	13b

15

Detailed Summary Page Transaction ID: SC/10.5159 NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MARK ALLEN CALLAHAN General Mailing Address Other (specify) \blacktriangledown PO BOX 4352 City State ZIP Code OR 97302 SALEM Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D30 ^M 10^M 2013 0.00 6/1/14 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

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×	13a
	13b

15

(check only one) Detailed Summary Page Transaction ID: SC/10.5156 NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MARK ALLEN CALLAHAN General Mailing Address Other (specify) \blacktriangledown PO BOX 4352 City State ZIP Code OR 97302 SALEM Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 12^M ^D28^D 2013 0.00 6/1/14 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

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×	13a
	13b

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Detailed Summary Page Transaction ID: SC/10.5160 NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary MARK ALLEN CALLAHAN General Mailing Address Other (specify) \blacktriangledown PO BOX 4352 City State ZIP Code OR 97302 SALEM Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^M 02^M ž014 0.00 6/1/14 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 15

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15

DAN5		Detailed Summary Pag	ge (Crieck Only One) 13b
AME OF COMMITTEE (In Full) CALLAHAN FOR OREGON		Transac	ction ID : SC/10.4712
LOAN SOURCE Full Name (Last, F MARK ALLEN CALLAHAN		[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address PO BOX 4352			Other (specify)
City	State ZI	P Code	
SALEM	OR 9	7302	
Original Amount of Loan	Cumulative Payme	ent To Date Bala	ance Outstanding at Close of This Period 2500.00
		9	9
Date Incurred Mo4 / Do1 / Y 2014	Date	Due Interest Rate	
List All Endorsers or Guarantors (f any) to Loan Source		163 110
1. Full Name (Last, First, Middle In	itial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Ini	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	9 9 9
3. Full Name (Last, First, Middle Ini	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Ini	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
UBTOTALS This Period This Page (o	ptional)	• E	2500.00
OTALS This Period (last page in this	line only)		6500.00
Carry outstanding balance only to LIN	E 3, Schedule D, for this lir	ne. If no Schedule D, carry forv	vard to appropriate line of Summary.