05/07/2014 00 : 06

PAGE 1 / 12

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	AII		thorized Con	nmittee			Office Use Only
1. NAME OF COMMITTEE (in		E OR PRINT	•	kample: If typin ver the lines.	g, type	12FE4M5	
CALLAHAN FO	R OREGO	N					1
ADDRESS (number and	I 1	D BOX 4352					
Check if diff	erent						
than previou reported. (A0		ALEM				OR	97302
2. FEC IDENTIFIC	ATION NUMB	ER ▼	CITY ▲			STATE A	ZIP CODE A
C C0054811	5		3. IS THIS REPORT	× NEW	OR	AMENE (A)	STATE ▼ DISTRICT DED OR 00
							_
4. TYPE OF REF	PORT (Choose	One)	(b) 12-Day PRI	E-Election Repo	ort for the:		
(a) Quarterly Re	ports:		×	Primary (12P	,	General (*	12G) Runoff (12R)
April 15	Quarterly Report	t (Q1)			_		
July 15	Quarterly Report	(Q2)	Ш	Convention (12C)	Special (1	2S)
	15 Quarterly Re		Election or	M M 05	20	^Y ^Y ^Y ^Y ^Y 2014	in the OR State of
January	31 Year-End Rep	port (YE)	(c) 30-Day PO	ST-Election Rep	port for the:		
				General (300	i)	Runoff (30	DR) Special (30S)
Terminat	ion Report (TER)		Election or	M M	D D /	Y Y Y Y	in the State of
5. Covering Period	M M /	01 /	2014	through	M M 04	/ D D /	Y Y Y Y Z014
I certify that I have ex	camined this Re	port and to t	he best of my k	nowledge and	belief it is tru	ue, correct and	d complete.
Type or Print Name o	f Treasurer M	IARK ALLEN (CALLAHAN				
Signature of Treasure	MARK ALI	LEN CALLAHA.	N	[Electronically	Filed] D	ate 05	/ D D / Y Y Y Y Y Y 2014
NOTE: Submission of f	alse, erroneous,	or incomplete	information may	subject the per	son signing t	his Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only							FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 12

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

CALLAHAN FOR OREGON

R	eport	t Covering the Period: From:	04 01 2014 To:	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.		sh on Hand at Close of porting Period (from Line 27)	3254.56	
9.	the	ots and Obligations Owed TO Committee (Itemize all on addule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on needule 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

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: 04 01 2014 To: 04 30 2014

	I. RECEIPTS	I. RECEIPTS COLUMN A Total This Period		
11. (CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	1750.00	7500.00	
	(ii) Unitemized(iii) TOTAL of contributions	125.00	2600.00	
	from individuals	1875.00	10100.00	
`	b) Political Party Committees	0.00	0.00	
((such as PACs)	0.00	0.00	
`	d) The Candidatee) TOTAL CONTRIBUTIONS (other than loans)	15.00	13089.54	
	(add Lines 11(a)(iii), (b), (c), and (d))	1890.00	23189.54	
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
	OANS: 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	
	OFFSETS TO OPERATING			
	EXPENDITURES Refunds, Rebates, etc.)	0.00	0.00	
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00	
1	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

FEC Form 3 (Revised 02/2003)

PAGE 4 / 12

	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		
	(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 SUI	MMARY			
23.	CASH ON HAND AT BEGINNING OF REPORT	TING PERIOD	3442.8		
24	TOTAL RECEIPTS THIS PERIOD (from Line 10	6, page 3)	4390.00		
25.	SUBTOTAL (add Line 23 and Line 24)		7832.8		
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	1 Line 22)	4578.3		
27	CASH ON HAND AT CLOSE OF REPORTING	PERIOD	3254.50		

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

PAGE 5 OF 12 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X**]_{11a} 11b 11c 11d Detailed Summary Page 12 13a 13b

	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON		
Full Name (Last, First, Middle Initial) Dan Clopton		Date of Receipt
Mailing Address 3655 West 18th		04 03 2014
City Eugene	State Zip Code 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	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
Mailing Address		M M / D D / Y Y Y Y
City		
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	-
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
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	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line number	r only)	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE (check only one)

11a 11b 11c 12

13a 13b

6 OF

X 11d

12

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 12 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 11d Detailed Summary Page **X** 13a 12 13b

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 04 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

	federal political committee.	C	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)		Date of Receipt
C.	Mailing Address	M M / D D / Y Y Y Y	
	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	
[SUBTOTAL of Receipts This Page (optional)		2500.00

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

2500.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

lm	nage# 14960876330			
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	nedule(s) (a of the	FOR LINE NUMBER: PAGE 8 OF 12 check only one) X 17
	ly information copied from such Reports and Statements m for commercial purposes, other than using the name and a			
<u> </u>	NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON	address of any pon	ilicai committee	to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)			
۹.	Costco			Date of Disbursement
	Mailing Address 1010 Hawthorne Avenue, S.E.			04 19 2014
	City State	Zip Code		Amount of Each Disbursement this Period
	Salem OR	97301		50.00
	Purpose of Disbursement Gas for car to go to/from campaign event		002	50.00 Transaction ID : SB17.4658
	Candidate Name CALLAHAN FOR OREGON		Category/ Type	
	Office Sought: House Senate President State: OR Disbursement For Primary Other (s	General		
	Full Name (Last, First, Middle Initial)			
В.	Costco			Date of Disbursement
	Mailing Address 1010 Hawthorne Avenue, S.E.			04
	City State	Zip Code		Amount of Each Disbursement this Period
	Salem OR	97301		70.52
	Purpose of Disbursement Gas for car to go to/from campaign event Candidate Name		002	72.53 Transaction ID : SB17.4668
	CALLAHAN FOR OREGON		Category/ Type	
	Office Sought: House Senate President State: OR Disbursement For Primary Other (s	General		
	Full Name (Last, First, Middle Initial)			
C.	Costco - Wilsonville			Date of Disbursement
	Mailing Address acoop CW Heather Blace			2014

C. Costco - Wilsonville

Mailing Address 25920 SW Heather Place

City Zip Code State 97070 Wilsonville OR Purpose of Disbursement gas for car to go to/from campaign event 002 Candidate Name Category/ CALLAHAN FOR OREGON Type Office Sought: House Disbursement For: 2014

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

Transaction ID: SB17.4669

Amount of Each Disbursement this Period

20.00

142.53

State: OR	Senate President District: 00	Other (specify)				
SUBTOTAL of Di	sbursements This Page	(optional)	Ξ	-	Ξ	Ξ

FE5AN018

		(FEC Form BURSEMENT	•	Use separate sch for each category Detailed Summar	nedule(s) (of the	FOR LINE NUMBER: PAGE 9 OF 12 check only one) X 17
						erson for the purpose of soliciting contributions to solicit contributions from such committee.
\	AME OF COMMIT	TEE (In Full) FOR OREGO	N			
4. [ull Name (Last, Fir Dan Clopton					Date of Disbursement
C	lailing Address 36 ity ugene	55 West 18th	State OR	Zip Code 97402		Amount of Each Disbursement this Period
Pi	urpose of Disburse	ement Management Servi	ces		Category/	1750.00 Transaction ID : SB17.4700
St		House Senate President District:	Disbursement For: Primary Other (s	General	Type	
3.	ull Name (Last, Fir Dan Clopton lailing Address 36	ŕ				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
E Pi	ity iugene urpose of Disburse Campaign Manage	ement ement Services	State OR	Zip Code 97402	001	Amount of Each Disbursement this Period 2000.00
(ffice Sought:	FOR OREGO House Senate President	Disbursement For:	General	Category/ Type	Transaction ID : SB17.4701
5. C	ull Name (Last, Fir Office Depot	District: 00 rst, Middle Initial) 145 Liberty Road, 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
S Pr F	alem urpose of Disburse Printer ink to print of andidate Name	campaign literature	OR 9	o Code 7302	006 Category/	Amount of Each Disbursement this Period 68.76 Transaction ID : SB17.4663
Ō	ffice Sought:	House Senate President District: 00	Disbursement For: Primary Other (s	General	Type	
_						3818.76

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

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

Image# 14960876332			
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summan	edule(s) of the	FOR LINE NUMBER: PAGE 10 OF 12 (check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar			
NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON			
Full Name (Last, First, Middle Initial) A. Safeway - Salem, OR			Date of Disbursement
Mailing Address 5660 Commercial Street, SE			04 07 2014
City State Salem OR	Zip Code 97302		Amount of Each Disbursement this Period
Purpose of Disbursement Gas for car to go to/from campaign event		002	20.00 Transaction ID : SB17.4685
Candidate Name CALLAHAN FOR OREGON	5 0044	Category/ Type	
State: OR District: 00 Full Name (Last, First, Middle Initial)			
Safeway - Salem, OR Mailing Address 5660 Commercial Street, SE			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CityStateSalemOR	Zip Code 97302		Amount of Each Disbursement this Period
Purpose of Disbursement Gas for car to go to/from campaign event		002	22.82 Transaction ID : SB17.4651
CALLAHAN FOR OREGON		Category/ Type	
Office Sought: House Senate President State: OR Disbursement Prima Othe			
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address 3410 Commercial Street, S.E.			M M / D D / Y Y Y Y O O O O O O O O O O O O O O O
City State	Zip Code		Amount of Each Disbursement this Period
Salem OR Purpose of Disbursement Dry cleaning and repair for campaign suit	97302	001	22.50
Candidate Name CALLAHAN FOR OREGON		Category/ Type	Transaction ID : SB17.4694
Office Sought: House Disbursement	For: 2014	71: -	_

General

Primary Other (specify)

State:

OR

Senate

District:

President

00

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

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

65.32

SCHEDULE B (FEC Form 3)

FOR LINE NUMBER:	PAGE 11 OF 12
(check only one)	
X 17 18	19a 19b
20a 20l	20c 21
	9
	(check only one) X 17 18

Τ	EMIZED DISBURSEMENTS	for each categor Detailed Summa		X 17 18 19a 19b 20a 20b 20c 21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON	addisor of any pon		
Α.	Full Name (Last, First, Middle Initial) The Cleanery Mailing Address 3410 Commercial Street, S.E.		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City State Salem OR Purpose of Disbursement Dry cleaning for campaign suit	Zip Code 97302	001	Amount of Each Disbursement this Period
	Candidate Name CALLAHAN FOR OREGON		001 Category/ Type	Transaction ID : SB17.4653
	Office Sought: House Senate President State: OR Disbursement For Primary Other (s	General		
В.	Full Name (Last, First, Middle Initial) Mailing Address			Date of Disbursement
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name		Category/ Type	
	Office Sought: House Senate Primary President State: Disbursement For Office Sought: Senate Office Sought: Senate Office Sought: Senate Office Sought: Disbursement For Office Sought: Other (s	General	ј	-
c.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address			- M M / D D / Y Y Y Y
		ity State Zip Code		
	Purpose of Disbursement Candidate Name			
	Office Sought: House Disbursement For	•	Category/ Type	
	Senate Primary President Other (s	General		
s	UBTOTAL of Disbursements This Page (optional)			14.50
Т	OTAL This Period (last page this line number only)			4041.11

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

12

×	13a
	13b

12

LOANS (check only one) Detailed Summary Page Transaction ID: SC/10.4712 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: 01 ^M 04 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 ZIP Code Guaranteed City State 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.