

**FEC FORM 3**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED  
SECRETARY OF THE STATE  
PUBLIC AFFAIRS

14 JUN -2 PM 3:43  
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 C C00548115  
3. IS THIS REPORT NEW (N) OR AMENDED (A) X  
CITY STATE ZIP CODE STATE DISTRICT OR 00

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
X 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 / Y 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 / Y Y in the State of

5. Covering Period 01 / 01 / 2014 through 03 / 31 / 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 04 / 04 / 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.

14020410456

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**CALLAHAN FOR OREGON**

Report Covering the Period: From: <sup>M</sup>01 / <sup>D</sup>01 / <sup>Y</sup>2014 To: <sup>M</sup>03 / <sup>D</sup>31 / <sup>Y</sup>2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	11285.00	17299.54
(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))...	11285.00	17299.54
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	11591.73	17856.67
(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))...	11591.73	17856.67
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	3442.87	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	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

14020410457

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 17

Write or Type Committee Name

**CALLAHAN FOR OREGON**

Report Covering the Period: From: <sup>M M / D D / Y Y Y</sup> 01 / 01 / 2014 To: <sup>M M / D D / Y Y Y</sup> 03 / 31 / 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)...	5250.00	5750.00
(ii) Unitemized .....	1035.00	2475.00
(iii) TOTAL of contributions from individuals .	6285.00	8225.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	0.00
(d) The Candidate .....	5000.00	9074.54
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	11285.00	17299.54
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	500.00	4000.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	500.00	4000.00
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)...	11785.00	21299.54

14020410458

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	11591.73	17856.67
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	11591.73	17856.67

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	3249.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	11785.00
25. SUBTOTAL (add Line 23 and Line 24)...	15034.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	11591.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	3442.87

14020410459

**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 17	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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**

Full Name (Last, First, Middle Initial) <b>A. Daniel Clopton</b>			Date of Receipt M M / D D / Y Y Y Y 03 31 2014	
Mailing Address P.O. Box 7442			Transaction ID : SA11AI.4592	
City Springfield	State OR	Zip Code 97475	Amount of Each Receipt this Period , , 2500.00	
FEC ID number of contributing federal political committee. C			In-kind - Donation for campaign consulting services for January/February 2014	
Name of Employer The Right Associates		Occupation Political Consultant	Amount of Each Receipt this Period , , 2500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 2500.00		
Full Name (Last, First, Middle Initial) <b>B. Kathleen Flaherty</b>			Date of Receipt M M / D D / Y Y Y Y 01 29 2014	
Mailing Address 4302 Myrtlewood Drive,			Transaction ID : SA11AI.4376	
City Sanford	State FL	Zip Code 32771	Amount of Each Receipt this Period , , 100.00	
FEC ID number of contributing federal political committee. C			Campaign Contribution	
Name of Employer Century 21 Insurance		Occupation Service Advocate	Amount of Each Receipt this Period , , 100.00	
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) <b>C. Kathleen Flaherty</b>			Date of Receipt M M / D D / Y Y Y Y 01 29 2014	
Mailing Address 4302 Myrtlewood Drive,			Transaction ID : SA11AI.4377	
City Sanford	State FL	Zip Code 32771	Amount of Each Receipt this Period , , 50.00	
FEC ID number of contributing federal political committee. C			Campaign Contribution	
Name of Employer Century 21 Insurance		Occupation Service Advocate	Amount of Each Receipt this Period , , 50.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			, , 2650.00	
<b>TOTAL</b> This Period (last page this line number only).....			, ,	

14020410460

**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 17

<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	

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NAME OF COMMITTEE (In Full)  
**CALLAHAN FOR OREGON**

Full Name (Last, First, Middle Initial) <b>Kathleen Flaherty</b>			Date of Receipt M M / D D / Y Y Y 02 / 12 / 2014	
Mailing Address 4302 Myrtlewood Drive,			Transaction ID : SA11AI.4563	
City Sanford	State FL	Zip Code 32771	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			Campaign contribution	
Name of Employer Century 21 Insurance		Occupation Service Advocate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	400.00	

Full Name (Last, First, Middle Initial) <b>Right Action - Bryan Smith</b>			Date of Receipt M M / D D / Y Y Y 03 / 31 / 2014	
Mailing Address 1430 Willamette Street			Transaction ID : SA11AI.4639	
City Eugene	State OR	Zip Code 97401	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>			In-kind - Donation of online and social media 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	2500.00	

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2600.00
<b>TOTAL</b> This Period (last page this line number only).....	5250.00

14020410461

**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 17
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 11d <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) <b>MARK ALLEN CALLAHAN</b>		Date of Receipt M M / D D / Y Y Y Y 01 31 2014
Mailing Address PO BOX 4352		Transaction ID : SA11D.4638
City SALEM	State OR	
FEC ID number of contributing federal political committee. C S4OR00172		Amount of Each Receipt this Period
Name of Employer Robert Half International	Occupation Information Technology Consultant	2500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10074.54	Campaign Contribution

Full Name (Last, First, Middle Initial) <b>MARK ALLEN CALLAHAN</b>		Date of Receipt M M / D D / Y Y Y Y 02 28 2014
Mailing Address PO BOX 4352		Transaction ID : SA11D.4636
City SALEM	State OR	
FEC ID number of contributing federal political committee. C S4OR00172		Amount of Each Receipt this Period
Name of Employer Robert Half International	Occupation Information Technology Consultant	2000.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 12574.54	Campaign Contribution

Full Name (Last, First, Middle Initial) <b>MARK ALLEN CALLAHAN</b>		Date of Receipt M M / D D / Y Y Y Y 03 15 2014
Mailing Address PO BOX 4352		Transaction ID : SA11D.4634
City SALEM	State OR	
FEC ID number of contributing federal political committee. C S4OR00172		Amount of Each Receipt this Period
Name of Employer Robert Half International	Occupation Information Technology Consultant	500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 13074.54	Campaign Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

14020410462

**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)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<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) <b>MARK ALLEN CALLAHAN</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address PO BOX 4352		Transaction ID : SA13A.5160
City SALEM	State OR	
Zip Code 97302		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C S4OR00172		
Name of Employer Robert Half International	Occupation Information Technology Consultant	Loan from Candidate to Campaign
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10574.54	

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , 500.00
<b>TOTAL</b> This Period (last page this line number only).....	, , 500.00

14020410463



**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)

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

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NAME OF COMMITTEE (In Full)  
**CALLAHAN FOR OREGON**

Full Name (Last, First, Middle Initial) <b>A. Daniel Clopton</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address P.O. Box 7442		Amount of Each Disbursement this Period  900.00 Transaction ID : SB17.4614
City Springfield	State OR	
Zip Code 97475	Purpose of Disbursement Campaign manager consulting fee	Category/ Type 001
Candidate Name <b>CALLAHAN FOR OREGON</b>	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>B. Daniel Clopton</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address P.O. Box 7442		Amount of Each Disbursement this Period  999.98 Transaction ID : SB17.4628
City Springfield	State OR	
Zip Code 97475	Purpose of Disbursement Campaign manager consulting fee	Category/ Type 001
Candidate Name <b>CALLAHAN FOR OREGON</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: OR    District: 00	

Full Name (Last, First, Middle Initial) <b>c. Daniel Clopton</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address P.O. Box 7442		Amount of Each Disbursement this Period  2500.00 Transaction ID : SB17.4593
City Springfield	State OR	
Zip Code 97475	Purpose of Disbursement In-kind - Donation for campaign consulting services for January/February 2014	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:	

**SUBTOTAL** of Disbursements This Page (optional)..... 4399.98

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

14020410464

**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 10 OF 17

<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) <b>A. Costco</b>		Date of Disbursement M M / D D / Y Y Y 01 / 05 / 2014	
Mailing Address 1010 Hawthorne Avenue, S.E.		Amount of Each Disbursement this Period  50.76 Transaction ID : SB17.4436	
City Salem	State OR		Zip Code 97301
Purpose of Disbursement Gas for car to/from campaign event			002
Candidate Name <b>CALLAHAN FOR OREGON</b>			Category/ Type
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>B. Costco</b>		Date of Disbursement M M / D D / Y Y Y 03 / 10 / 2014	
Mailing Address 1010 Hawthorne Avenue, S.E.		Amount of Each Disbursement this Period  48.56 Transaction ID : SB17.4528	
City Salem	State OR		Zip Code 97301
Purpose of Disbursement gas for car to/from campaign event			002
Candidate Name <b>CALLAHAN FOR OREGON</b>			Category/ Type
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>C. Costco - Wilsonville</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014	
Mailing Address 25920 SW Heather Place		Amount of Each Disbursement this Period  46.62 Transaction ID : SB17.4479	
City Wilsonville	State OR		Zip Code 97070
Purpose of Disbursement Gas for car to/from campaign event			002
Candidate Name <b>CALLAHAN FOR OREGON</b>			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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	145.94
<b>TOTAL</b> This Period (last page this line number only).....	.

14020410465

**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
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NAME OF COMMITTEE (In Full)  
**CALLAHAN FOR OREGON**

Full Name (Last, First, Middle Initial) <b>A. Costco - Wilsonville</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 25920 SW Heather Place		Amount of Each Disbursement this Period  49.10 Transaction ID : SB17.4535
City Wilsonville	State OR	
Purpose of Disbursement Gas for car to/from campaign event		Category/ Type 002
Candidate Name <b>CALLAHAN FOR OREGON</b>		
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>B. Costco - Wilsonville</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 25920 SW Heather Place		Amount of Each Disbursement this Period  48.68 Transaction ID : SB17.4499
City Wilsonville	State OR	
Purpose of Disbursement Gas for car to/from campaign event		Category/ Type 002
Candidate Name <b>CALLAHAN FOR OREGON</b>		
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>C. Costco - Wilsonville</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 25920 SW Heather Place		Amount of Each Disbursement this Period  50.12 Transaction ID : SB17.4495
City Wilsonville	State OR	
Purpose of Disbursement Gas for car to/from campaign event		Category/ Type 002
Candidate Name <b>CALLAHAN FOR OREGON</b>		
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	147.90
<b>TOTAL</b> This Period (last page this line number only).....	-

14020410466

**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
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NAME OF COMMITTEE (In Full)  
**CALLAHAN FOR OREGON**

Full Name (Last, First, Middle Initial)

**A. Political Innovations**

Mailing Address P.O. Box 1902

Date of Disbursement

M M / D D / Y Y Y Y  
01 16 2014

City Spring State TX Zip Code 77383

Amount of Each Disbursement this Period

Purpose of Disbursement Website Redesign/Development final payment invoice

004

900.00  
Transaction ID : SB17.4567

Candidate Name  
**CALLAHAN FOR OREGON**

Category/  
Type

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

State: OR District: 00

Full Name (Last, First, Middle Initial)

**B. PriceLine.com**

Mailing Address 800 Connecticut Avenue

Date of Disbursement

M M / D D / Y Y  
02 15 2014

City Norwalk State CT Zip Code 06854

Amount of Each Disbursement this Period

Purpose of Disbursement Hotel stay at Rodeway Inn PDX after campaign event

002

49.32  
Transaction ID : SB17.4623

Candidate Name  
**CALLAHAN FOR OREGON**

Category/  
Type

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

State: OR District: 00

Full Name (Last, First, Middle Initial)

**C. Right Action - Bryan Smith**

Mailing Address 1430 Willamette Street

Date of Disbursement

M M / D D / Y Y  
03 31 2014

City Eugene State OR Zip Code 97401

Amount of Each Disbursement this Period

Purpose of Disbursement In-kind - Donation of online and social media services

Category/  
Type

2500.00  
Transaction ID : SB17.4641

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

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... 3449.32

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

14020410467

**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 13 OF 17

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. Staples**

Mailing Address 6305 Ulali Drive

City Keizer State OR Zip Code 97303

Purpose of Disbursement  
Printer in to print campaign literature

Candidate Name  
**CALLAHAN FOR OREGON**

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

State: OR District: 00

Date of Disbursement

M M / D D / Y Y Y Y  
01 / 19 / 2014

Amount of Each Disbursement this Period

41.64

Transaction ID : SB17.4413

**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

Candidate Name  
**CALLAHAN FOR OREGON**

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

State: OR District: 00

Date of Disbursement

M M / D D / Y Y  
03 / 21 / 2014

Amount of Each Disbursement this Period

14.50

Transaction ID : SB17.4490

**c. Vistaprint.com**

Mailing Address 95 Hayden Avenue

City Lexington State MA Zip Code 02421

Purpose of Disbursement  
Large yard sign and campaign banner

Candidate Name  
**CALLAHAN FOR OREGON**

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

State: OR District: 00

Date of Disbursement

M M / D D / Y Y  
01 / 02 / 2014

Amount of Each Disbursement this Period

53.70

Transaction ID : SB17.4594

**SUBTOTAL** of Disbursements This Page (optional)..... 109.84

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

14020410468

**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
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NAME OF COMMITTEE (In Full)  
**CALLAHAN FOR OREGON**

Full Name (Last, First, Middle Initial) <b>A. Vistaprint.com</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 95 Hayden Avenue		Amount of Each Disbursement this Period  76.72 Transaction ID : SB17.4595
City Lexington	State MA	
Zip Code 02421	Category/Type 006	
Purpose of Disbursement Campaign business cards		
Candidate Name <b>CALLAHAN FOR OREGON</b>		Amount of Each Disbursement this Period  12.87 Transaction ID : SB17.4487
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>B. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 1940 Turner Road		Amount of Each Disbursement this Period  54.94 Transaction ID : SB17.4416
City Salem	State OR	
Zip Code 97302	Category/Type 007	
Purpose of Disbursement Garment bag to protect campaign suit		
Candidate Name <b>CALLAHAN FOR OREGON</b>		Amount of Each Disbursement this Period  144.53 Transaction ID : SB17.4416
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>c. Walmart - Commercial Street</b>		Date of Disbursement M M / J D / Y Y Y Y 01 / 18 / 2014
Mailing Address 5250 Commercial Street		Amount of Each Disbursement this Period  8397.51 Transaction ID : SB17.4416
City Salem	State OR	
Zip Code 97306	Category/Type 007	
Purpose of Disbursement Portable gazebo/tent for campaign event and button bin		
Candidate Name <b>CALLAHAN FOR OREGON</b>		Amount of Each Disbursement this Period  144.53 Transaction ID : SB17.4416
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	144.53
<b>TOTAL</b> This Period (last page this line number only).....	8397.51

14020410469

**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) **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
1000.00	0.00	1000.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M<sup>10</sup> / D<sup>30</sup> / Y<sup>2013</sup> M / D / Y<sup>6/1/14</sup> 0.00 % (apr)  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: , ,

<b>SUBTOTALS</b> This Period This Page (optional)...	1000.00
<b>TOTALS</b> 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.

14020410470

**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:
M 12 / D 28 / Y 2013	M M / D D / 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.

14020410471



**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/10.5160

**CALLAHAN FOR OREGON**

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
500.00	0.00	500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 01 / Y 2014	M M D / 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: , ,

<b>SUBTOTALS</b> This Period This Page (optional)...	500.00
<b>TOTALS</b> 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.

14020410472

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\* Domestic only

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MARK CALLAHAN  
PO BOX 4352  
SALEM OR 97302-8352

Expected Delivery Date: 06/02/2014

**BY THE SENATE**  
**POST OFFICE**

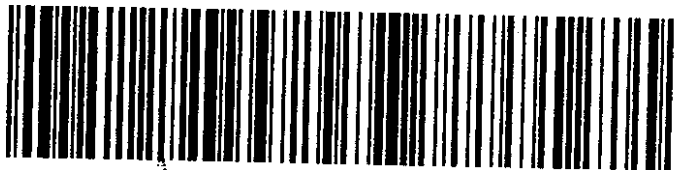
0004

**B078**

SHIP TO:

SECRETARY OF THE SENATE  
OFFICE OF PUBLIC RECORDS  
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WASHINGTON DC 20013-8578

USPS TRACKING #



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DANA K. MCCALLUM  
SUPERINTENDENT  
HARRIS WASTE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-71  
PHONE (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY  
OFFICE OF PUBLIC RECORDS

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Date of Receipt

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Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

### OVERNIGHT DELIVERY SERVICE:

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UPS	_____
DHL	_____
AIRBORNE EXPRESS	_____

### NEXT BUSINESS DAY DELIVERY

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Date of Receipt

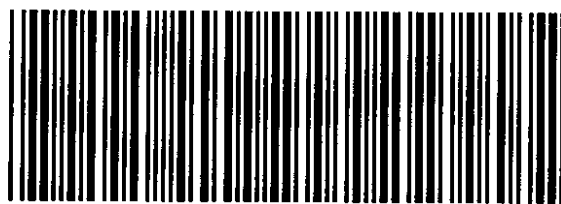
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

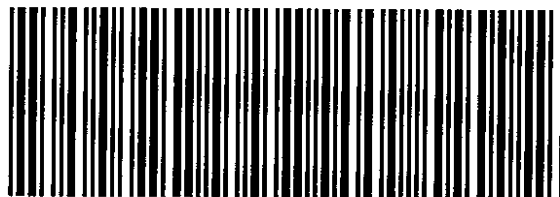
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

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

14020410474



SEN PATCH



SEN PATCH

14020410475