

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

OR

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

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

through

M M / D D / Y Y Y Y  
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

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
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.

Office Use Only

FEC FORM 3  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**CALLAHAN FOR OREGON**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(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
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	11785.00	21299.54

**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

**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 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)  
**Daniel Clopton**

Mailing Address P.O. Box 7442

City Springfield State OR Zip Code 97475

FEC ID number of contributing federal political committee. **C**

Name of Employer The Right Associates Occupation Political Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.4592**

Amount of Each Receipt this Period  
**2500.00**

In-kind - Donation for campaign consulting services for January/February 2014

**B.** Full Name (Last, First, Middle Initial)  
**Kathleen Flaherty**

Mailing Address 4302 Myrtlewood Drive,

City Sanford State FL Zip Code 32771

FEC ID number of contributing federal political committee. **C**

Name of Employer Century 21 Insurance Occupation Service Advocate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 29 / 2014**

**Transaction ID : SA11AI.4376**

Amount of Each Receipt this Period  
**100.00**

Campaign Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Kathleen Flaherty**

Mailing Address 4302 Myrtlewood Drive,

City Sanford State FL Zip Code 32771

FEC ID number of contributing federal political committee. **C**

Name of Employer Century 21 Insurance Occupation Service Advocate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 29 / 2014**

**Transaction ID : SA11AI.4377**

Amount of Each Receipt this Period  
**50.00**

Campaign Contribution

**SUBTOTAL** of Receipts This Page (optional).....

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

**2650.00**

**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)	PAGE 6 OF 17
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Kathleen Flaherty**

Mailing Address 4302 Myrtlewood Drive,

City Sanford State FL Zip Code 32771

FEC ID number of contributing federal political committee. **C**

Name of Employer Century 21 Insurance Occupation Service Advocate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : SA11AI.4563**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Campaign contribution

**B.** Full Name (Last, First, Middle Initial)  
**Right Action - Bryan Smith**

Mailing Address 1430 Willamette Street

City Eugene State OR Zip Code 97401

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4639**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

In-kind - Donation of online and social media services

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
 \_\_\_\_\_

**SUBTOTAL** of Receipts This Page (optional).....

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

\_\_\_\_\_ 2600.00

\_\_\_\_\_ 5250.00

**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)	PAGE 7 OF 17
	<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**

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		<b>Transaction ID : SA11D.4638</b>	
City SALEM      State OR      Zip Code 97302	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C S4OR00172	Campaign Contribution		
Name of Employer Robert Half International      Occupation Information Technology Consultant	Election Cycle-to-Date 10074.54		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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		<b>Transaction ID : SA11D.4636</b>	
City SALEM      State OR      Zip Code 97302	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C S4OR00172	Campaign Contribution		
Name of Employer Robert Half International      Occupation Information Technology Consultant	Election Cycle-to-Date 12574.54		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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		<b>Transaction ID : SA11D.4634</b>	
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	Campaign Contribution		
Name of Employer Robert Half International      Occupation Information Technology Consultant	Election Cycle-to-Date 13074.54		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

**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)	PAGE 8 OF 17
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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**

Mailing Address **PO BOX 4352**

City **SALEM** State **OR** Zip Code **97302**

FEC ID number of contributing federal political committee. **C S4OR00172**

Name of Employer **Robert Half International** Occupation **Information Technology Consultant**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10574.54**

Date of Receipt  
 /  /   
**02 / 01 / 2014**

**Transaction ID : SA13A.5160**

Amount of Each Receipt this Period  
 **500.00**

Loan from Candidate to Campaign

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

**500.00**

**500.00**



**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 17			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 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 MM / DD / YYYY 01 / 23 / 2014
Mailing Address P.O. Box 7442		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : SB17.4614</b>
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 MM / DD / YYYY 03 / 05 / 2014
Mailing Address P.O. Box 7442		Amount of Each Disbursement this Period 999.98 <b>Transaction ID : SB17.4628</b>
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 MM / DD / YYYY 03 / 31 / 2014
Mailing Address P.O. Box 7442		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4593</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4399.98
<b>TOTAL</b> This Period (last page this line number only).....	

**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 Y 01 / 05 / 2014
Mailing Address 1010 Hawthorne Avenue, S.E.		Amount of Each Disbursement this Period 50.76 <b>Transaction ID : SB17.4436</b>
City Salem	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</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 1010 Hawthorne Avenue, S.E.		Amount of Each Disbursement this Period 48.56 <b>Transaction ID : SB17.4528</b>
City Salem	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 / 05 / 2014
Mailing Address 25920 SW Heather Place		Amount of Each Disbursement this Period 46.62 <b>Transaction ID : SB17.4479</b>
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).....	145.94
<b>TOTAL</b> This Period (last page this line number only).....	

**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 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 - 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 <b>Transaction ID : SB17.4535</b>
City Wilsonville	State OR	Zip Code 97070	
Purpose of Disbursement Gas for car to/from campaign event		Category/ Type 002	
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. 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 <b>Transaction ID : SB17.4499</b>
City Wilsonville	State OR	Zip Code 97070	
Purpose of Disbursement Gas for car to/from campaign event		Category/ Type 002	
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>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 <b>Transaction ID : SB17.4495</b>
City Wilsonville	State OR	Zip Code 97070	
Purpose of Disbursement Gas for car to/from campaign event		Category/ Type 002	
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		

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

**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 12 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. Political Innovations</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address P.O. Box 1902		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : SB17.4567</b>
City Spring State TX Zip Code 77383	Purpose of Disbursement Website Redesign/Development final payment invoice 004 Category/Type	
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. PriceLine.com</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 800 Connecticut Avenue		Amount of Each Disbursement this Period 49.32 <b>Transaction ID : SB17.4623</b>
City Norwalk State CT Zip Code 06854	Purpose of Disbursement Hotel stay at Rodeway Inn PDX after campaign event 002 Category/Type	
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>c. Right Action - Bryan Smith</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1430 Willamette Street		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4641</b>
City Eugene State OR Zip Code 97401	Purpose of Disbursement In-kind - Donation of online and social media 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3449.32
<b>TOTAL</b> This Period (last page this line number only).....	

**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			
	<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. Staples</b>		Date of Disbursement MM / DD / YYYY 01 / 19 / 2014
Mailing Address 6305 Ulali Drive		Amount of Each Disbursement this Period 41.64 <b>Transaction ID : SB17.4413</b>
City Keizer State OR Zip Code 97303	Purpose of Disbursement Printer in to print campaign literature Category/Type 006	
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. The Cleanery</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2014
Mailing Address 3410 Commercial Street, S.E.		Amount of Each Disbursement this Period 14.50 <b>Transaction ID : SB17.4490</b>
City Salem State OR Zip Code 97302	Purpose of Disbursement Dry cleaning for campaign suit 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>c. Vistaprint.com</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2014
Mailing Address 95 Hayden Avenue		Amount of Each Disbursement this Period 53.70 <b>Transaction ID : SB17.4594</b>
City Lexington State MA Zip Code 02421	Purpose of Disbursement Large yard sign and campaign banner Category/Type 006	
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	109.84
<b>TOTAL</b> This Period (last page this line number only).....	

**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 14 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. Vistaprint.com</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2014
Mailing Address 95 Hayden Avenue		Amount of Each Disbursement this Period 76.72 <b>Transaction ID : SB17.4595</b>
City Lexington State MA Zip Code 02421	Purpose of Disbursement Campaign business cards Category/Type 006	
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. Walmart</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2014
Mailing Address 1940 Turner Road		Amount of Each Disbursement this Period 12.87 <b>Transaction ID : SB17.4487</b>
City Salem State OR Zip Code 97302	Purpose of Disbursement Garment bag to protect campaign suit 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>c. Walmart - Commercial Street</b>		Date of Disbursement MM / DD / YYYY 01 / 18 / 2014
Mailing Address 5250 Commercial Street		Amount of Each Disbursement this Period 54.94 <b>Transaction ID : SB17.4416</b>
City Salem State OR Zip Code 97306	Purpose of Disbursement Portable gazebo/tent for campaign event and button bin Category/Type 007	
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		

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

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

NAME OF COMMITTEE (In Full) **CALLAHAN FOR OREGON** Transaction ID : **SC/10.5159**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**MARK ALLEN CALLAHAN**  Primary  
 Mailing Address PO BOX 4352  General  
 Other (specify) ▼

City State ZIP Code  
 SALEM OR 97302

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
------------------------------------	------------------------------------	--

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr)  Yes  No  
 10 / 30 / 2013 / 6/1/14

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 1000.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]

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

**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/10.5156

**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  
2500.00 0.00 2500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M

D 28 D

Y 2013 Y

M M

D D

Y 6/1/14 Y

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:

**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**

NAME OF COMMITTEE (In Full) **CALLAHAN FOR OREGON** Transaction ID : **SC/10.5160**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MARK ALLEN CALLAHAN</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 Y	M M / D D / Y 6/1/14 Y	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.**