05/30/2014 05 : 53

PAGE 1 / 17

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An	Authorized Co	ommittee			Office Use Only
NAME OF COMMITTEE (in	TYPE OR PRI	NT ▼	Example: If typir over the lines.	ıg, type	12FE4M5	
CALLAHAN FO	OR OREGON			1 1 1 1		
I						
	PO BOX 435	52				
ADDRESS (number an	nd street)					
Check if dif						
than previous reported. (A					OR	97302
2. FEC IDENTIFIC	CATION NUMBER	CITY	\		STATE A	ZIP CODE
C C0054811	15	3. IS THIS	NEW	J	✓ AMEND	STATE ▼ DISTRICT
C C0034611	10	REPORT		OR	× AMEND (A)	OR 00
4 TVDE OF DE	DODT (C)	1				
4. TYPE OF REI(a) Quarterly Re	PORT (Choose One)	(b) 12-Day P	RE-Election Repo	ort for the:		
			Primary (12P	')	General (1	2G) Runoff (12R)
X April 15	Quarterly Report (Q1)		Convention ((12C)	Special (1)	2S)
July 15	Quarterly Report (Q2)					
Octobe	r 15 Quarterly Report (Q3)	Election	on M M	/ D D /	Y " Y " Y " Y	in the State of
January	31 Year-End Report (YE)	(c) 30-Day P	OST-Election Re	port for the	<u> </u>	
		Γ	General (300		Runoff (30	PR) Special (30S)
Tormina	ation Donort (TED)		Gioliorai (Goo	~/		
Termina	tion Report (TER)	Election	on M M	/ D D /	Y " Y " Y	in the State of
	M M / D D	/ Y Y Y Y	1	M	1 / D D /	Y Y Y Y
5. Covering Period		2014	through	03	31	2014
I certify that I have e	examined this Report and	to the best of my	knowledge and	belief it is t	true. correct and	d complete.
Type or Print Name	•	EN CALLAHAN				
					м м	/ D D / Y Y Y
Signature of Treasure	MARK ALLEN CALL	AHAN	[Electronically	Filed]	Date 04	04 2014
NOTE: Submission of	false, erroneous, or incom	olete information m	ay subject the per	rson signing	this Report to the	ne penalties of 2 U.S.C. §437g.
Office						
Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 17

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

CALLAHAN FOR OREGON

01 03 31 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) 11285.00 17299.54 (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) 11285.00 17299.54 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 11591.73 17856.67 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 11591.73 17856.67 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 3442.87 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 4000.00 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 / 17

Write or Type Committee Name

CALLAHAN FOR OREGON

Report Covering the Period: From: 01 01 2014 To: 03 31 2014

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
1. COI	NTRIBUTIONS (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) (e)	The Candidate TOTAL CONTRIBUTIONS	5000.00	9074.54
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	11285.00	17299.54
	NSFERS FROM OTHER THORIZED COMMITTEES	0.00	0.00
3. LOA			
(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
	SETS TO OPERATING PENDITURES		
(Ref	unds, Rebates, etc.)	0.00	0.00
	HER RECEIPTS idends, Interest, etc.)	0.00	0.00
11(e	TAL RECEIPTS (add Lines s), 12, 13(c), 14, and 15) ry Total to Line 24, page 4)	11785.00	21299.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 17

	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
<u>'</u> 0.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
1.	OTHER DISBURSEMENTS	0.00	0.00
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	11591.73	17856.67
	III. CASH SU	MMARY	
3.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	3249.60
4	TOTAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	11785.00
5.	SUBTOTAL (add Line 23 and Line 24)		15034.60
6.	TOTAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	11591.73
7.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		3442.87

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

PAGE 5 OF 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

NAME OF COMMITTEE (IN FUII) CALLAHAN FOR OREGON	I				
Full Name (Last, First, Middle Initial) Daniel Clopton Mailing Address P.O. Box 7442	Daniel Clopton				
Mailing / Marcos P.O. Box 7442	03 31 2014				
City	State Zip Code	Transaction ID : SA11AI.4592			
Springfield	OR 97475				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
Name of Employer The Right Associates	Occupation Political Consultant	2500.00 In-kind - Donation for campaign consulting services			
Receipt For: 2014 Primary General	Election Cycle-to-Date	January/February 2014			
Other (specify)	2500.00				
Full Name (Last, First, Middle Initial) Kathleen Flaherty		Date of Receipt			
Mailing Address 4302 Myrtlewood Drive,		01 29 Y Y Y Y Y			
City Sanford	State Zip Code FL 32771	Transaction ID : SA11AI.4376			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
Name of Employer	Occupation	100.00			
Century 21 Insurance	Service Advocate	Campaign Contribution			
Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date				
Full Name (Last, First, Middle Initial) Kathleen Flaherty		Date of Receipt			
Mailing Address 4302 Myrtlewood Drive,		01 29 2014			
City Sanford	State Zip Code FL 32771	Transaction ID : SA11AI.4377			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
Name of Employer	Occupation	50.00			
Century 21 Insurance	Service Advocate	Campaign Contribution			
Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date				
SUBTOTAL of Receipts This Page (option	al)	2650.00			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:					PAGE	:	o_	OF	17
(che	ck only	or	ne)						
X	11a		11b		11c		11	d	
	12		13a		13b		14	1	15

		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON		
Full Name (Last, First, Middle Initial) Kathleen Flaherty Mailing Address 4302 Myrtlewood Drive, City Sanford	State Zip Code FL 32771	Date of Receipt 02 12 2014 Transaction ID : SA11AI.4563
FEC ID number of contributing federal political committee. Name of Employer Century 21 Insurance Receipt For: 2014 Primary General Other (specify)	Occupation Service Advocate Election Cycle-to-Date 400.00	Amount of Each Receipt this Period 100.00 Campaign contribution
Full Name (Last, First, Middle Initial) Right Action - Bryan Smith Mailing Address 1430 Willamette Street City Eugene FEC ID number of contributing federal political committee.	State Zip Code OR 97401	Date of Receipt M M M
Name of Employer Receipt For: 2014 Primary General Other (specify)	Occupation Election Cycle-to-Date 2500.00	In-kind - Donation of online and social media service
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
SUBTOTAL of Receipts This Page (optional).		2600.00
TOTAL This Period (last page this line numb	er only)	5250.00

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 7 OF 17 Use separate schedule(s) (check only one) for each category of the X 11d 11a 11b 11c Detailed Summary Page 12 13a 13b

ITEMIZED RECEIPTS 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 31 City State Zip Code Transaction ID: SA11D.4638 OR 97302 SALEM FEC ID number of contributing Amount of Each Receipt this Period S4OR00172 federal political committee. 2500.00 Name of Employer Occupation Campaign Contribution Robert Half International Information Technology Consultant Receipt For: 2014 Election Cycle-to-Date | Primary General 10074.54 Other (specify) Full Name (Last, First, Middle Initial) MARK ALLEN CALLAHAN Date of Receipt Mailing Address PO BOX 4352 28 2014 City State Zip Code Transaction ID: SA11D.4636 SALEM OR 97302 FEC ID number of contributing Amount of Each Receipt this Period С S4OR00172 federal political committee. 2000.00 Name of Employer Occupation Campaign Contribution Robert Half International Information Technology Consultant Receipt For: 2014 Election Cycle-to-Date | Primary General 12574.54 Other (specify) Full Name (Last, First, Middle Initial)

MARK ALLEN CALLAHAN Date of Receipt Mailing Address PO BOX 4352 2014 15 City State Zip Code Transaction ID: SA11D.4634 OR SALEM 97302 FEC ID number of contributing С S4OR00172 Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Robert Half International Information Technology Consultant Campaign Contribution Receipt For: 2014 Election Cycle-to-Date | Primary General Other (specify) 13074.54

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

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

5000.00

5000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOR LINE NUMBER:	PAGE 8 OF 17
Use separate schedule(s)	(check only one)	
for each category of the	11a 11b	11c 11d
Detailed Summary Page	12 X 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 01 City State Zip Code Transaction ID: SA13A.5160 OR 97302 **SALEM** FEC ID number of contributing Amount of Each Receipt this Period S4OR00172 federal political committee. 500.00 Name of Employer Occupation Loan from Candidate to Campaign Robert Half International Information Technology Consultant Receipt For: 2014 Election Cycle-to-Date | Primary General 10574.54 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt B. 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 С Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 500.00 TOTAL This Period (last page this line number only).....

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	CHEDULE B (FEC Form 3 EMIZED DISBURSEMENT	-	Use separate sch for each category Detailed Summar	nedule(s) of the	FOR LINE NUMBER: PAGE 9 OF 17 (check only one) X 17
					erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON	N			
Α.	Full Name (Last, First, Middle Initial) Daniel Clopton				Date of Disbursement
	Mailing Address P.O. Box 7442 City	State	Zip Code		01 23 2014
	Springfield	OR	97475		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign manager consulting fee			001	900.00 Transaction ID : SB17.4614
	Candidate Name CALLAHAN FOR OREGON	N		Category/ Type	
	Office Sought: House Senate President	Disbursement For Primary Other (s	General		
	State: OR District: 00				
В.	Full Name (Last, First, Middle Initial) Daniel Clopton				Date of Disbursement
	Mailing Address P.O. Box 7442	03 05 2014			
	City	Amount of Each Disbursement this Period 999.98			
	Springfield Purpose of Disbursement Campaign manager consulting fee				
	Candidate Name CALLAHAN FOR OREGO	N	001 Category/ Type	Transaction ID : SB17.4628	
	Office Sought: House Senate President	Disbursement For Primary Other (s	General	Турс	
	State: OR District: 00				
	Full Name (Last, First, Middle Initial)				
C.	Daniel Clopton				Date of Disbursement
	Mailing Address P.O. Box 7442	03 / 31 / Y Y Y Y Y Y Y			
	City	Amount of Each Disbursement this Period			
	Springfield Purpose of Disbursement In-kind - Donation for campaign consulti	2500.00			
	2014 Candidate Name	ng services for Janu	ary/r ebruary	Category/ Type	Transaction ID : SB17.4593
	Office Sought: House Senate President	Disbursement For Primary Other (s	General		
	State: District:	U Other (s	poony)		
					4399.98

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

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

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 10 OF 17 (check only one) X 17			
	y information copied from such Reports and Statements r for commercial purposes, other than using the name and						
\rangle	NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON						
۹.	Full Name (Last, First, Middle Initial) Costco			Date of Disbursement			
	Mailing Address 1010 Hawthorne Avenue, S.E.			01 05 2014			
	City State Salem OR	Zip Code 97301		Amount of Each Disbursement this Period			
	Purpose of Disbursement Gas for car to/from campaign event		002	50.76 Transaction ID : SB17.4436			
	Candidate Name CALLAHAN FOR OREGON	2011	Category/ Type				
	State: OR District: 00 Full Name (Last, First, Middle Initial)						
3.	Costco Mailing Address			Date of Disbursement			
	Mailing Address 1010 Hawthorne Avenue, S.E.			03 10 2014			
	City State Salem OR	<u>-</u>					
	Purpose of Disbursement gas for car to/from campaign event		002	48.56 Transaction ID : SB17.4528			
	CALLAHAN FOR OREGON	Category/ Type	Transaction is . 35 m. 4020				
	President Other (r: 2014 / General (specify)					
	State: OR District: 00 Full Name (Last, First, Middle Initial)						
Э.	Costco - Wilsonville			Date of Disbursement			
	Mailing Address 25920 SW Heather Place			03 / D D / Y Y Y Y Y D D D / Y D D D D D D			
	City State Z Wilsonville OR	Amount of Each Disbursement this Period					
	Purpose of Disbursement Gas for car to/from campaign event Candidate Name	002	46.62 Transaction ID : SB17.4479				
	CALLAHAN FOR OREGON		Category/ Type				
	Office Sought: House Senate President State: OR Disbursement Formary Other (
	States St. District. 00			145.94			

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

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LIN	E NUMBE	F	PAGE	11	OF	17	
Use separate schedule(s)	(check o	nly one)						
for each category of the Detailed Summary Page	>	\ 17		18		19a		19b
Detailed Summary Fage		20a		20b		20c		21
ay not be sold or used by any ddress of any political commit	•				_			

		Botanoa Garrina	,		20a	20b	20c	21
	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a							
\rangle	NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON						_	
۸.	Full Name (Last, First, Middle Initial) Costco - Wilsonville		М		D D /	Y Y Y	Υ	
	Mailing Address 25920 SW Heather Place			0:	3	11	2014	
	City State Wilsonville OR	Zip Code 97070		Amo	unt of Ea	ch Disburse	ement this P	eriod
	Purpose of Disbursement Gas for car to/from campaign event		002	Transa	ction ID	: SB17.453	49. <i>′</i>	10
	Candidate Name CALLAHAN FOR OREGON		Category/ Type		.00			
	Office Sought: House Senate President State: OR Disbursement For: Primary Other (sp	General						
3.	Full Name (Last, First, Middle Initial) Costco - Wilsonville			Date	of Disbu	ursement	Y " Y " Y " "	Y
	Mailing Address 25920 SW Heather Place		03 17 2014					
	City State Wilsonville OR	Zip Code 97070		Amo	unt of Ea	ch Disburse	ement this P	eriod
	Purpose of Disbursement Gas for car to/from campaign event		002	48.68 Transaction ID : SB17.4499				
	Candidate Name CALLAHAN FOR OREGON		Category/ Type				-	
	Office Sought: House Disbursement For: Senate President State: OR District: 00	General						
_	Full Name (Last, First, Middle Initial) Costco - Wilsonville			Date	of Disbu	ırsement		
. ر	Mailing Address 25920 SW Heather Place				M /	19	2014	′
	Wilsonville OR 97	o Code 7070		Amor	unt of Ea	ach Disburse	ement this P	-
	Purpose of Disbursement Gas for car to/from campaign event		002	Transa	ction ID	: SB17.4495	50.	12
	CALLAHAN FOR OREGON		Category/ Type	Transa		. 5617.7430	•	
	Office Sought: House Disbursement For: Senate President Other (specific to the content of the conten	General						
s	SUBTOTAL of Disbursements This Page (optional)						147.9	90
	OTAL This Period (last page this line number only)							

ım	nage# 14941275523							
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS					Use separate s for each catego Detailed Summ	ory of the		R LINE NUMBER: PAGE 12 OF 17 seck only one) X 17
								on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMIT			N				
	Full Name (Last, Fi							Date of Disbursement
٩.	Political Inno	va	tions					Mam / Dab / Yayayay
	Mailing Address P	.0.	Box 1902					01 16 2014
	City			State	Zip Code			Amount of Each Disbursement this Period
	Spring			TX	77383			222.22
	Purpose of Disburs Website Redesign			ayment invoice		004	٦١.	900.00
	Candidate Name	FC	OR OREGO	N		Categor		Fransaction ID : SB17.4567
		_	House Senate President rict: 00	Disbursement For Primary Other (s	General	71		
	Full Name (Last, Fi		Middle Initial)					
3.	FIICELIIIE.CO	111						Date of Disbursement
	Mailing Address 8	00 (Connecticut Aven	ue				02
	City			State	Zip Code			Amount of Each Disbursement this Period
	Norwalk			CT	06854			
	Purpose of Disburs Hotel stay at Rode	em ewa	ent y Inn PDX after c	ampaign event		002	$\neg \neg$	49.32 Fransaction ID : SB17.4623
	Candidate Name CALLAHAN	F	OR OREGO	N		Categor Type	y/	
	Office Sought:		House	Disbursement For	: 2014	1,700		
		X	Senate President	Primary Other (s	General			
	State: OR	Dist	rict: 00					
	Full Name (Last, Fi	rst,	Middle Initial)					
Э.	Right Action							Date of Disbursement
	Mailing Address 14	430	Willamette Stree					03 31 2014
	City				p Code			Amount of Each Disbursement this Period
	Eugene Purpose of Disburs	sem	ent		7401			2500.00
	In-kind - Donation Candidate Name	of c	nline and social r	nedia services		Categor		ransaction ID : SB17.4641
						Type		
	Office Sought:		House Senate	Disbursement For Primary				

Other (specify)

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

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

President

District:

State:

3449.32

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Office Sought:

OR

State:

ln	nage# 14941275524			
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	edule(s) (of the	FOR LINE NUMBER: PAGE 13 OF 17 check only one) X 17
	ny information copied from such Reports and Statements no for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) **CALLAHAN FOR OREGON**			
<u>/</u> A.	Full Name (Last, First, Middle Initial) Staples Mailing Address 6305 Ulali Drive			Date of Disbursement O1 19 2014
	City State Keizer OR Purpose of Disbursement Printer in to print campaign literature Candidate Name CALLAHAN FOR OREGON	Zip Code 97303	006 Category/ Type	Amount of Each Disbursement this Period 41.64 Transaction ID: SB17.4413
	Office Sought: House Senate President Office Sought: Disbursement For Primary Other (s			
В.	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 Candidate Name CALLAHAN FOR OREGON Office Sought: House Disbursement For Senate President President Other (s	/ General	001 Category/ Type	Amount of Each Disbursement this Period 14.50 Transaction ID: SB17.4490
C.	State: OR District: 00 Full Name (Last, First, Middle Initial) Vistaprint.com Mailing Address 95 Hayden Avenue			Date of Disbursement Date of Disbursement D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State 7	in Code		Assessed of Freely Distriction and this Distriction

006

Category/

Type

Mailing Address 95 Hayden Avenue City 02421 Lexington MA Purpose of Disbursement

Amount of Each Disbursement this Period 53.70 Transaction ID: SB17.4594

Candidate Name CALLAHAN FOR OREGON

Large yard sign and campaign banner

	House	Disbursement For: 20	14
X	Senate	Primary	General
	President	Other (specif	fy)
Dist	rict: 00		

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

Т	_	-	-	-	-	_	400.04	Ī
							109.84	

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

								_ 1	09.8	34	
ľ	_	÷	1	÷	÷	1	÷	÷	÷	÷	
			7			,			_		

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LIN	ΝE	NUMBE	R:		PA	GE	14	OF	=	17
Use separate schedule(s)	(check only one)										
for each category of the		X	17		18			19a			19b
Detailed Summary Page			20a		20b			20c			21
y 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.											

	ny information copied from such Reports and Statements may not be sold or unifor commercial purposes, other than using the name and address of any politic		
	NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON		
Α.	Full Name (Last, First, Middle Initial) Vistaprint.com Mailing Address 95 Hayden Avenue		Date of Disbursement O2 11 2014
	City State Zip Code Lexington MA 02421 Purpose of Disbursement Campaign business cards Candidate Name CALLAHAN FOR OREGON Office Sought: House Disbursement For: 2014 Senate President President State: OR District: 00	006 Category/ Type	Amount of Each Disbursement this Period 76.72 Transaction ID : SB17.4595
В.	Full Name (Last, First, Middle Initial) Walmart Mailing Address 1940 Turner Road		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 97302 Purpose of Disbursement Garment bag to protect campaign suit Candidate Name CALLAHAN FOR OREGON Office Sought: House Disbursement For: 2014 Senate President President State: OR District: 00	001 Category/ Type	Amount of Each Disbursement this Period 12.87 Transaction ID : SB17.4487
C.	Full Name (Last, First, Middle Initial) Walmart - Commercial Street Mailing Address 5250 Commercial Street		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 97306 Purpose of Disbursement Portable gazebo/tent for campaign event and button bin Candidate Name CALLAHAN FOR OREGON Office Sought: House Senate President President State: OR District: 00	007 Category/ Type	Amount of Each Disbursement this Period 54.94 Transaction ID : SB17.4416
S	SUBTOTAL of Disbursements This Page (optional)		144.53
Т	OTAL This Period (last page this line number only)		8397.51

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

15

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17

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) ulletPO 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 State ZIP Code Guaranteed City 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: (check only one)

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16

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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) ulletPO 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 State ZIP Code Guaranteed City 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)

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17

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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) ulletPO 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 ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 TOTALS 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.