

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CALLAHAN FOR OREGON

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	5330.00	6014.54
(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)).....	5330.00	6014.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5580.41	6264.94
(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)).....	5580.41	6264.94
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3249.60	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	3500.00	

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: / /

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).....	500.00	500.00
(ii) Unitemized.....	1330.00	1440.00
(iii) TOTAL of contributions from individuals ▶	1830.00	1940.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	3500.00	4074.54
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5330.00	6014.54
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	3500.00	3500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	3500.00	3500.00
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)..... ▶	8830.00	9514.54

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5580.41	6264.94
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5580.41	6264.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8830.00
25. SUBTOTAL (add Line 23 and Line 24).....	8830.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5580.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3249.60

**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 11
	<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

Full Name (Last, First, Middle Initial) A. Joseph Henry		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2013	
Mailing Address 1347 Ewald Ave SE		Transaction ID : SA11AI.4347	
City Salem	State OR	Zip Code 97302	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Oregon Health Authority	Occupation Systems Analyst		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y 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		Amount of Each Receipt this Period	
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) C.		Date of Receipt M M / D D / Y Y 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		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	500.00

**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 11
	<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

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
1574.54

Date of Receipt
 M M / D D / Y Y Y Y
10 / 30 / 2013

Transaction ID : SA11D.4350

Amount of Each Receipt this Period
1000.00

Campaign Contribution

B. 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
5074.54

Date of Receipt
 M M / D D / Y Y Y Y
11 / 30 / 2013

Transaction ID : SA11D.4351

Amount of Each Receipt this Period
2500.00

Campaign Contribution

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

Amount of Each Receipt this Period

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

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

3500.00

3500.00

**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 11
	<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
2574.54

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2013

Transaction ID : SA13A.5159

Amount of Each Receipt this Period
1000.00

Loan from Candidate to Campaign

B. 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
7574.54

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 28 / 2013

Transaction ID : SA13A.5156

Amount of Each Receipt this Period
2500.00

Loan from Candidate to Campaign

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).....

3500.00

3500.00

**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 8 OF 11			
	<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. Daniel Clopton			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013	
Mailing Address P.O. Box 7442			Amount of Each Disbursement this Period 1000.00	
City Springfield	State OR	Zip Code 97475	Transaction ID : SB17.4290	
Purpose of Disbursement Campaign Manager Consultant Fee		Category/ Type 001		
Candidate Name CALLAHAN FOR OREGON				
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <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. Daniel Clopton			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013	
Mailing Address P.O. Box 7442			Amount of Each Disbursement this Period 1100.00	
City Springfield	State OR	Zip Code 97475	Transaction ID : SB17.4288	
Purpose of Disbursement Campaign Manager Consulting Fee		Category/ Type 001		
Candidate Name CALLAHAN FOR OREGON				
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <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) c. Political Innovations			Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013	
Mailing Address P.O. Box 1902			Amount of Each Disbursement this Period 900.00	
City Spring	State TX	Zip Code 77383	Transaction ID : SB17.4335	
Purpose of Disbursement Website Re-Design/Development		Category/ Type 004		
Candidate Name CALLAHAN FOR OREGON				
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <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			

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL 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 9 OF 11	
	<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. Vistaprint.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2013
Mailing Address 95 Hayden Avenue		Amount of Each Disbursement this Period 93.44 Transaction ID : SB17.4188
City Lexington State MA Zip Code 02421	Purpose of Disbursement Campaign materials - Mini car door magnets, bumper stickers and business cards Candidate Name CALLAHAN FOR OREGON 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. Vistaprint.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 95 Hayden Avenue		Amount of Each Disbursement this Period 57.22 Transaction ID : SB17.4244
City Lexington State MA Zip Code 02421	Purpose of Disbursement Campaign business cards - 1000ct Candidate Name CALLAHAN FOR OREGON 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) c. Vistaprint.com		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 95 Hayden Avenue		Amount of Each Disbursement this Period 169.35 Transaction ID : SB17.4364
City Lexington State MA Zip Code 02421	Purpose of Disbursement Campaign sign, business cards, and car door magnets Candidate Name CALLAHAN FOR OREGON 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	

SUBTOTAL of Disbursements This Page (optional).....	320.01
TOTAL This Period (last page this line number only).....	3320.01

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) **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 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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TERMS

Date Incurred M 10 / D 30 / Y 2013	Date Due M / D / Y 6/1/14	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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**

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 SALEM State OR ZIP Code 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: M 12 / D 28 / Y 2013
 Date Due: M / D / Y 6/1/14
 Interest Rate: 0.00 % (apr)
 Secured: 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).....	3500.00

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