05/30/2014 05 : 50

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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	A		Authorized (Committee	•	O	ffice Use Only
NAME OF COMMITTEE (in		YPE OR PRIN	Τ ▼	Example: If typin over the lines.	g, type	12FE4M5	
CALLAHAN F	OR OREC	SON					1
ADDRESS (number a	and street)	PO BOX 4352					
Check if d	ifferent						
than previous reported. (A	ously	SALEM				OR 973	302
2. FEC IDENTIFI	CATION NU	MBER ▼	CITY	A		STATE A	ZIP CODE
C C005481	115		3. IS THIS	S NEW	1	× AMENDED	STATE ▼ DISTRICT
O			REPOF	RT (N)	OR	(A)	OR 00
4. TYPE OF RE	EPORT (Choo	ose One)	(b) 12-Day	PRE-Election Repo	ort for the:		
(a) Quarterly F	Reports:			Primary (12P)		General (120	Runoff (12R)
April 1	5 Quarterly Re	port (Q1)				_	
July 1	5 Quarterly Re	port (Q2)		Convention (12C)	Special (12S)
Octobe	er 15 Quarterly	Report (Q3)	Electio	n on	D D /	YYYY	in the State of
X Januar	ry 31 Year-End	Report (YE)	(c) 30-Day	POST-Election Rep	oort for the:		
				General (30G	i)	Runoff (30R)	Special (30S)
Termin	ation Report (ER)	Electio	n on	D D /	Y " Y " Y	in the State of
5. Covering Period	d 10	/ D D D	y y y 2013	through	M M 12	31	2013
I certify that I have	examined this	Report and to	the best of n	ny knowledge and i	belief it is tr	rue, correct and c	omplete.
Type or Print Name	of Treasurer	MARK ALLEI	N CALLAHAN				
Signature of Treasur	rer <u>MARK</u>	ALLEN CALLA	HAN	[Electronically I	Filed] [Date 01	31 / Y Y Y Y Y 2014
NOTE: Submission of	f false, erroned	us, or incomple	ete information	may subject the per	son 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

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

CALLAHAN FOR OREGON

2013 10 12 31 01 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 5330.00 6014.54 (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) 5330.00 6014.54 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 5580.41 6264.94 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 5580.41 6264.94 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 3249.60 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 3500.00 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 / 11

Write or Type Committee Name

CALLAHAN FOR OREGON

Report Covering the Period: From: 10 01 2013 To: 12 31 2013

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
1. C	ONTRIBUTIONS (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)	,	0.00	0.00		
(c)	Other Political Committees (such as PACs)	0.00	0.00		
(d) (e)	TOTAL CONTRIBUTIONS	3500.00	4074.54		
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	5330.00	6014.54		
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00		
	DANS:				
	Made or Guaranteed by the Candidate	3500.00	3500.00		
(b)	·	0.00	0.00		
(c)) TOTAL LOANS (add Lines 13(a) and (b))	3500.00	3500.00		
	FFSETS TO OPERATING KPENDITURES				
	efunds, Rebates, etc.)	0.00	0.00		
	THER RECEIPTS ividends, Interest, etc.)	0.00	0.00		
11	OTAL RECEIPTS (add Lines (e), 12, 13(c), 14, and 15) Earry Total to Line 24, page 4)	8830.00	9514.54		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DIS	SBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATIN	G EXPENDITURES	5580.41	6264.94
18.		RS TO OTHER ZED COMMITTEES	0.00	0.00
19.	LOAN REF	PAYMENTS:		
	. ,	ans Made or Guaranteed e Candidate	0.00	0.00
	(b) Of All	Other Loans	0.00	0.00
	(c) TOTAL	L LOAN REPAYMENTS Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS	OF CONTRIBUTIONS TO:		
	` '	duals/Persons Other Political Committees	0.00	0.00
	IIIaii	Folitical Committees		
		al Party Committees Political Committees	0.00	0.00
	` '	as PACs)	0.00	0.00
	` '	L CONTRIBUTION REFUNDS Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DI	SBURSEMENTS	0.00	0.00
22.		SBURSEMENTS 17, 18, 19(c), 20(d), and 21)	5580.41	6264.94
		III. CASH SUMM	MARY	
23.	CASH ON	HAND AT BEGINNING OF REPORTIN	NG PERIOD	0.01
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)				8830.00
5.	SUBTOTAL	_ (add Line 23 and Line 24)		8830.01
6.	TOTAL DIS	SBURSEMENTS THIS PERIOD (from L	.ine 22)	5580.41
7.		HAND AT CLOSE OF REPORTING Plane 26 from Line 25)	ERIOD	3249.60

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 11d 11c Detailed Summary Page 12 13a 14

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 usin	ng 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) Joseph Henry Mailing Address 1347 Ewald Ave SE		Date of Receipt
	0)	12 31 2013
City Salem	State Zip Code OR 97302	Transaction ID : SA11AI.4347
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Oregon Health Authority	Occupation Systems Analyst	500.00 Campaign Contribution
Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 500.00	
Full Name (Last, First, Middle Initial) 8. Mailing Address	·	Date of Receipt
Mailing Address City	State Zip Code	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
SUBTOTAL of Receipts This Page (optional	al)	500.00
TOTAL This Period (last page this line num		500.00

Receipt For:

Primary

General

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 6 OF 11 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 10 2013 30 City State Zip Code Transaction ID: SA11D.4350 OR 97302 SALEM FEC ID number of contributing Amount of Each Receipt this Period S4OR00172 federal political committee. 1000.00 Name of Employer Occupation Campaign Contribution Robert Half International Information Technology Consultant Receipt For: 2014 Election Cycle-to-Date | Primary General 1574.54 Other (specify) Full Name (Last, First, Middle Initial) MARK ALLEN CALLAHAN Date of Receipt Mailing Address PO BOX 4352 30 2013 City State Zip Code Transaction ID: SA11D.4351 SALEM OR 97302 FEC ID number of contributing Amount of Each Receipt this Period С 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 5074.54 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer

Occupation

Election Cycle-to-Date

Name of Employer

Robert Half International

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 7 OF 11 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page X 13a 12 13b 14

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 10 2013 30 City State Zip Code Transaction ID: SA13A.5159 OR 97302 SALEM FEC ID number of contributing Amount of Each Receipt this Period S4OR00172 federal political committee. 1000.00 Name of Employer Occupation Loan from Candidate to Campaign Robert Half International Information Technology Consultant Receipt For: 2014 Election Cycle-to-Date | Primary General 2574.54 Other (specify) Full Name (Last, First, Middle Initial) MARK ALLEN CALLAHAN Date of Receipt Mailing Address PO BOX 4352 28 2013 City State Zip Code Transaction ID: SA13A.5156 SALEM OR 97302 FEC ID number of contributing Amount of Each Receipt this Period С S4OR00172 federal political committee.

Receipt For: 2014 Election Cycle-to-Date | Primary General 7574.54 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 3500.00

Occupation

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

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

Information Technology Consultant

3500.00

2500.00

Loan from Candidate to Campaign

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	, I , , ,
Any information copied from such Reports and Statements ror for commercial purposes, other than using the name and		any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON		
Full Name (Last, First, Middle Initial) A. Daniel Clopton		Date of Disbursement
Mailing Address P.O. Box 7442		10 24 2013
City State Springfield OR	Zip Code 97475	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Manager Consultant Fee Candidate Name		01 Transaction ID : SB17.4290
CALLAHAN FOR OREGON Office Sought: House Disbursement Fo	or: 2014	egory/ /pe
State: OR District: 00 Senate Other (y General (specify)	
Full Name (Last, First, Middle Initial) Daniel Clopton		Date of Disbursement
Mailing Address P.O. Box 7442		11 26 2013
City State Springfield OR	Zip Code 97475	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Manager Consulting Fee		1100.00 Transaction ID : SB17.4288
Candidate Name CALLAHAN FOR OREGON	Ty	egory/ /pe
State: OR District: 00 Full Name (Last, First, Middle Initial)		
Political Innovations		Date of Disbursement
Mailing Address P.O. Box 1902		12 26 2013
•	Zip Code 77383	Amount of Each Disbursement this Period
Purpose of Disbursement Website Re-Design/Development	900.00	
CALLAHAN FOR OREGON	Ту	rpe Transaction ID : SB17.4335
State: OR District: 00		

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

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

3000.00

SCHEDULE B (FEC Form 3)

	FOR LINE NUMBER:				PA	GE	9	OF	11
Use separate schedule(s)	(check only one)								
for each category of the Detailed Summary Page	X	17		18			19a		19b
Detailed Suffillary Page		20a		20b			20c		21
ay not be sold or used by any person for the purpose of soliciting contributions address of any political committee to solicit contributions from such committee.									

ITEMIZED DISBURSEMENTS Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) CALLAHAN FOR OREGON Full Name (Last, First, Middle Initial) Date of Disbursement Vistaprint.com 2013 Mailing Address 95 Hayden Avenue 10 14 City State Zip Code Amount of Each Disbursement this Period MA Lexington 02421 Purpose of Disbursement 93.44 Campaign materials - Mini car door magnets, bumper stickers and business 006 Transaction ID: SB17.4188 cardo Candidate Name Category/ CALLAHAN FOR OREGON Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President OR State: District: Full Name (Last, First, Middle Initial) Vistaprint.com Date of Disbursement Mailing Address 95 Hayden Avenue 10 29 2013 City State Zip Code Amount of Each Disbursement this Period MA 02421 Lexington 57.22 Purpose of Disbursement Campaign business cards - 1000ct 006 Transaction ID: SB17.4244 Candidate Name Category/ CALLAHAN FOR OREGON Type Office Sought: Disbursement For: House 2014 Senate Primary General Other (specify) President State: OR District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Vistaprint.com Mailing Address 95 Hayden Avenue 12 2013 31 City State Zip Code Amount of Each Disbursement this Period Lexington MA 02421 Purpose of Disbursement 169.35 Campaign sign, business cards, and car door magnets 004 Transaction ID : SB17.4364 Candidate Name Category/ CALLAHAN FOR OREGON Type Office Sought: Disbursement For: 2014 House General Senate Primary President Other (specify) OR State: District: 00 320.01 SUBTOTAL of Disbursements This Page (optional)..... 3320.01 TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

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×	13a
	13b

11

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) \blacktriangledown PO BOX 4352 City State ZIP Code OR 97302 SALEM Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 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:

PAGE

11

X	13a
	13b

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(check only one) 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) \blacktriangledown PO BOX 4352 City State ZIP Code OR 97302 SALEM Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 2500.00 0.00 2500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^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 ZIP Code Guaranteed City State 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.