

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE STATE PUBLIC ACCT

Office Use Only APR 7 PM 3:40

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 SALEM OR 97302 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00548115 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT

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 in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / / Y Y Y Y in the State of

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

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MARK ALLEN CALLAHAN

Signature of Treasurer MARK ALLEN CALLAHAN Date 04 / 04 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 8 columns and 1 row for Office Use Only.

14020174820

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 13

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

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

	<b>COLUMN A</b> This Period		<b>COLUMN B</b> Election Cycle-to-Date	
<b>6. Net Contributions (other than loans)</b>				
(a) Total Contributions (other than loans) (from Line 11(e)) ..	,	,	11785.00	21299.54
(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)) ..	,	,	11785.00	21299.54
<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>	,	,	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

14020174821

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 13

Write or Type Committee Name

**CALLAHAN FOR OREGON**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	5250.00	5750.00
(ii) Unitemized .....	1035.00	2475.00
(iii) TOTAL of contributions from individuals .	6285.00	8225.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	0.00
(d) The Candidate .....	5500.00	13074.54
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	11785.00	21299.54
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	0.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	11785.00	21299.54

14020174822

**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

14020174823

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

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

FOR LINE NUMBER: PAGE 5 OF 13  
(check only one)  
 11a     11b     11c     11d  
 12     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**

**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) ..... 2650.00

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

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

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

FOR LINE NUMBER: PAGE 6 OF 13  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     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  
 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  
 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 / Y Y

Amount of Each Receipt this Period  
 , ,

**SUBTOTAL** of Receipts This Page (optional)..... 2600.00

**TOTAL** This Period (last page this line number only)..... 5250.00

14020174825

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

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

FOR LINE NUMBER: PAGE 7 OF 13

(check only one)

11a     11b     11c     11d  
 12     13a     13b     14     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 01 31 2014
Mailing Address PO BOX 4352		Transaction ID : SA11D.4638
City SALEM	State OR	Zip Code 97302
FEC ID number of contributing federal political committee. C S4OR00172		Amount of Each Receipt this Period 2500.00
Name of Employer Robert Half International	Occupation Information Technology Consultant	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10074.54	

Full Name (Last, First, Middle Initial) <b>MARK ALLEN CALLAHAN</b>		Date of Receipt M M / D D / Y Y Y 02 28 2014
Mailing Address PO BOX 4352		Transaction ID : SA11D.4636
City SALEM	State OR	Zip Code 97302
FEC ID number of contributing federal political committee. C S4OR00172		Amount of Each Receipt this Period 2500.00
Name of Employer Robert Half International	Occupation Information Technology Consultant	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 12574.54	

Full Name (Last, First, Middle Initial) <b>MARK ALLEN CALLAHAN</b>		Date of Receipt M M / J D / Y Y Y 03 15 2014
Mailing Address PO BOX 4352		Transaction ID : SA11D.4634
City SALEM	State OR	Zip Code 97302
FEC ID number of contributing federal political committee. C S4OR00172		Amount of Each Receipt this Period 500.00
Name of Employer Robert Half International	Occupation Information Technology Consultant	Campaign Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 13074.54	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<b>TOTAL</b> This Period (last page this line number only).....	5500.00

14020174826

**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 13

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

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

**A. Daniel Clopton**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 7442

City Springfield State OR Zip Code 97475

Purpose of Disbursement Campaign manager consulting fee

Candidate Name **CALLAHAN FOR OREGON**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: OR District: 00

Date of Disbursement  
M M / D D / Y Y Y Y  
01 23 2014

Amount of Each Disbursement this Period  
900.00

Transaction ID : SB17.4614

Category/Type 001

**B. Daniel Clopton**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 7442

City Springfield State OR Zip Code 97475

Purpose of Disbursement Campaign manager consulting fee

Candidate Name **CALLAHAN FOR OREGON**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: OR District: 00

Date of Disbursement  
M M / D D / Y Y Y Y  
03 05 2014

Amount of Each Disbursement this Period  
999.98

Transaction ID : SB17.4628

Category/Type 001

**C. Daniel Clopton**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 7442

City Springfield State OR Zip Code 97475

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

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

Amount of Each Disbursement this Period  
2500.00

Transaction ID : SB17.4593

Category/Type

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

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

14020174827



**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 13

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

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

Full Name (Last, First, Middle Initial) <b>A. 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 Transaction ID : SB17.4436	
City Salem	State OR		Zip Code 97301
Purpose of Disbursement Gas for car to/from campaign event			002
Candidate Name <b>CALLAHAN FOR OREGON</b>			Category/ Type
Office Sought: <input 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 Transaction ID : SB17.4528	
City Salem	State OR		Zip Code 97301
Purpose of Disbursement gas for car to/from campaign event			002
Candidate Name <b>CALLAHAN FOR OREGON</b>			Category/ Type
Office Sought: <input 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 / J D / Y Y Y Y 03 05 2014	
Mailing Address 25920 SW Heather Place		Amount of Each Disbursement this Period  46.62 Transaction ID : SB17.4479	
City Wilsonville	State OR		Zip Code 97070
Purpose of Disbursement Gas for car to/from campaign event			002
Candidate Name <b>CALLAHAN FOR OREGON</b>			Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: OR	District: 00		

**SUBTOTAL** of Disbursements This Page (optional)..... 145.94

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

14020174828

**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 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Costco - Wilsonville</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 25920 SW Heather Place		Amount of Each Disbursement this Period 49.10 Transaction ID : SB17.4535
City Wilsonville	State OR	
Purpose of Disbursement Gas for car to/from campaign event		Category/ Type 002
Candidate Name <b>CALLAHAN FOR OREGON</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Costco - Wilsonville</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 25920 SW Heather Place		Amount of Each Disbursement this Period 48.68 Transaction ID : SB17.4499
City Wilsonville	State OR	
Purpose of Disbursement Gas for car to/from campaign event		Category/ Type 002
Candidate Name <b>CALLAHAN FOR OREGON</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR	District: 00	

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

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**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 13		
	<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 Transaction ID : SB17.4567
City Spring	State TX Zip Code 77383	
Purpose of Disbursement Website Redesign/Development final payment invoice		Category/ Type 004
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 Transaction ID : SB17.4623
City Norwalk	State CT Zip Code 06854	
Purpose of Disbursement Hotel stay at Rodeway Inn PDX after 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. 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 Transaction ID : SB17.4641
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).....	-

14020174830

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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 M M / D D / Y Y Y Y 01 / 19 / 2014
Mailing Address 6305 Ulali Drive		Amount of Each Disbursement this Period 41.64 Transaction ID : SB17.4413
City Keizer	State OR	
Zip Code 97303	Category/ Type 006	
Purpose of Disbursement Printer in to print campaign literature		
Candidate Name <b>CALLAHAN FOR OREGON</b>		Amount of Each Disbursement this Period 14.50 Transaction ID : SB17.4490
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 M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 3410 Commercial Street, S.E.		Amount of Each Disbursement this Period 14.50 Transaction ID : SB17.4490
City Salem	State OR	
Zip Code 97302	Category/ Type 001	
Purpose of Disbursement Dry cleaning for campaign suit		
Candidate Name <b>CALLAHAN FOR OREGON</b>		Amount of Each Disbursement this Period 53.70 Transaction ID : SB17.4594
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 M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 95 Hayden Avenue		Amount of Each Disbursement this Period 53.70 Transaction ID : SB17.4594
City Lexington	State MA	
Zip Code 02421	Category/ Type 006	
Purpose of Disbursement Large yard sign and campaign banner		
Candidate Name <b>CALLAHAN FOR OREGON</b>		Amount of Each Disbursement this Period 109.84
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).....	

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**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 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Vistaprint.com</b>		Date of Disbursement M M / D D Y Y Y 02 11 2014
Mailing Address 95 Hayden Avenue		Amount of Each Disbursement this Period 76.72 Transaction ID : SB17.4595
City Lexington	State MA Zip Code 02421	
Purpose of Disbursement Campaign business cards	006	Transaction ID : SB17.4595
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 M M / D D Y Y Y 03 24 2014
Mailing Address 1940 Turner Road		Amount of Each Disbursement this Period 12.87 Transaction ID : SB17.4487
City Salem	State OR Zip Code 97302	
Purpose of Disbursement Garment bag to protect campaign suit	001	Transaction ID : SB17.4487
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 M M / D D Y Y Y Y 01 18 2014
Mailing Address 5250 Commercial Street		Amount of Each Disbursement this Period 54.94 Transaction ID : SB17.4416
City Salem	State OR Zip Code 97306	
Purpose of Disbursement Portable gazebo/tent for campaign event and button bin	007	Transaction ID : SB17.4416
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

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SECRETARY

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