

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

SECRETARY OF THE SENATE

14 APR 15 PM 4:38

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Perkins for US Senate Team

ADDRESS (number and street) PO Box 214
Check if different than previously reported. (ACC) Albany OR 97321

2. FEC IDENTIFICATION NUMBER C C00547646
3. IS THIS REPORT X NEW (N) OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT OR 00

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
X 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 in the State of
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on 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 George Eugene Perkins
Signature of Treasurer George Eugene Perkins Date 04 08 2014

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

Office Use Only
FEC FORM 3 (Revised 02/2003)

14020192315

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Perkins for US Senate Team

Report Covering the Period: From: ^M01 ^D01 ^Y2014 To: ^M03 ^D31 ^Y2014

	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))..	2359.09	2359.09
(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))...	2359.09	2359.09
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	2998.25	2998.25
(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)) ...	2998.25	2998.25
8. Cash on Hand at Close of Reporting Period (from Line 27)...	1228.18	
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)...	1374.05	

For further information contact:

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

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

14020192316

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Perkins for US Senate Team

Report Covering the Period: From: ^{M M} 01 ^{D D} 01 ^{Y Y} 2014 To: ^{M M} 03 ^{D D} 31 ^{Y Y} 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)...	0.00	0.00
(ii) Unitemized.....	2229.09	2229.09
(iii) TOTAL of contributions from individuals .	2229.09	2229.09
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) The Candidate	130.00	130.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2359.09	2359.09
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	179.05	179.05
(b) All Other Loans...	500.00	500.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	679.05	679.05
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)...	3038.14	3038.14

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DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	2998.25	2998.25
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) ▶	2998.25	2998.25

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	1188.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	3038.14
25. SUBTOTAL (add Line 23 and Line 24)...	4226.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	2998.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	1228.18

14020192318

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 33
	<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	

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)
Perkins for US Senate Team

Full Name (Last, First, Middle Initial) JO RAE PERKINS		Date of Receipt M M D D Y Y 01 17 2014
A. Mailing Address 1033 MAPLE ST SW		Transaction ID : SA11D.4187
City ALBANY State OR Zip Code 97321	FEC ID number of contributing federal political committee. C S4OR00156	Amount of Each Receipt this Period Contribution 5.00
Name of Employer none Occupation none	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Contribution 12.25
Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) JO RAE PERKINS		Date of Receipt M M D D Y Y 01 31 2014
B. Mailing Address 1033 MAPLE ST SW		Transaction ID : SA11D.4324
City ALBANY State OR Zip Code 97321	FEC ID number of contributing federal political committee. C S4OR00156	Amount of Each Receipt this Period In-kind - Advertising on Facebook 20.00
Name of Employer none Occupation none	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Contribution 59.98
Election Cycle-to-Date		

Full Name (Last, First, Middle Initial) JO RAE PERKINS		Date of Receipt M M D D Y Y 03 10 2014
C. Mailing Address 1033 MAPLE ST SW		Transaction ID : SA11D.4189
City ALBANY State OR Zip Code 97321	FEC ID number of contributing federal political committee. C S4OR00156	Amount of Each Receipt this Period Contribution 95.00
Name of Employer none Occupation none	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Contribution 262.80
Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

14020192319

**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 33		
	<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)
Perkins for US Senate Team

Full Name (Last, First, Middle Initial) JO RAE PERKINS		Date of Receipt M M D D Y Y 03 12 2014
A. Mailing Address 1033 MAPLE ST SW		Transaction ID : SA11D.4191
City ALBANY	State OR Zip Code 97321	
FEC ID number of contributing federal political committee. C S4OR00156		Amount of Each Receipt this Period
Name of Employer none	Occupation none	10.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	Contribution
		287.80

Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		M
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)		Date of Receipt
C. Mailing Address		
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).....	10.00
TOTAL This Period (last page this line number only).....	130.00

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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 7 OF 33

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Perkins for US Senate Team

Full Name (Last, First, Middle Initial) JO RAE PERKINS		Date of Receipt M M D D Y Y 01 16 2014
A. Mailing Address 1033 MAPLE ST SW		Transaction ID : SA13A.4211
City ALBANY	State OR	
FEC ID number of contributing federal political committee. C S4OR00156		Amount of Each Receipt this Period
Name of Employer none	Occupation none	7.25
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	Restaurant
		7.25

Full Name (Last, First, Middle Initial) JO RAE PERKINS		Date of Receipt M M D D Y Y 01 22 2014
B. Mailing Address 1033 MAPLE ST SW		Transaction ID : SA13A.4212
City ALBANY	State OR	
FEC ID number of contributing federal political committee. C S4OR00156		Amount of Each Receipt this Period
Name of Employer none	Occupation none	7.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	Car Wash
		19.25

Full Name (Last, First, Middle Initial) JO RAE PERKINS		Date of Receipt M M D D Y Y 01 24 2014
C. Mailing Address 1033 MAPLE ST SW		Transaction ID : SA13A.4213
City ALBANY	State OR	
FEC ID number of contributing federal political committee. C S4OR00156		Amount of Each Receipt this Period
Name of Employer none	Occupation none	8.75
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	Restaurant
		28.00

SUBTOTAL of Receipts This Page (optional).....	23.00
TOTAL This Period (last page this line number only).....	

14020192321

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 8 OF 33	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Perkins for US Senate Team

Full Name (Last, First, Middle Initial) JO RAE PERKINS		Date of Receipt M M D D Y Y 01 25 2014
Mailing Address 1033 MAPLE ST SW		Transaction ID : SA13A.4209
City ALBANY	State OR	
FEC ID number of contributing federal political committee. C S4OR00156		Amount of Each Receipt this Period
Name of Employer none	Occupation none	11.98
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	Restaurant , , .
		39.98

Full Name (Last, First, Middle Initial) JO RAE PERKINS		Date of Receipt M M D D Y Y 02 03 2014
Mailing Address 1033 MAPLE ST SW		Transaction ID : SA13A.4210
City ALBANY	State OR	
FEC ID number of contributing federal political committee. C S4OR00156		Amount of Each Receipt this Period
Name of Employer none	Occupation none	10.95
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	Restaurant , , .
		70.93

Full Name (Last, First, Middle Initial) JO RAE PERKINS		Date of Receipt M M D D Y Y 02 15 2014
Mailing Address 1033 MAPLE ST SW		Transaction ID : SA13A.4207
City ALBANY	State OR	
FEC ID number of contributing federal political committee. C S4OR00156		Amount of Each Receipt this Period
Name of Employer none	Occupation none	57.14
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	Gas , , .
		128.07

SUBTOTAL of Receipts This Page (optional).....	80.07
TOTAL This Period (last page this line number only).....	

14020192322

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

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

FOR LINE NUMBER:		PAGE 9 OF 33	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Perkins for US Senate Team

Full Name (Last, First, Middle Initial) JO RAE PERKINS		Date of Receipt M M D D Y Y 02 17 2014
Mailing Address 1033 MAPLE ST SW		Transaction ID : SA13A.4208
City ALBANY State OR Zip Code 97321	Amount of Each Receipt this Period 3.85 Restaurant paid from personal funds	
FEC ID number of contributing federal political committee. C S4OR00156		Amount of Each Receipt this Period 131.92 Restaurant
Name of Employer none Occupation none	Election Cycle-to-Date 131.92	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) JO RAE PERKINS		Date of Receipt M M D D Y Y 02 20 2014
Mailing Address 1033 MAPLE ST SW		Transaction ID : SA13A.4204
City ALBANY State OR Zip Code 97321	Amount of Each Receipt this Period 18.08 Restaurant	
FEC ID number of contributing federal political committee. C S4OR00156		Amount of Each Receipt this Period 150.00 Restaurant
Name of Employer none Occupation none	Election Cycle-to-Date 150.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) JO RAE PERKINS		Date of Receipt M M D D Y Y 02 28 2014
Mailing Address 1033 MAPLE ST SW		Transaction ID : SA13A.4205
City ALBANY State OR Zip Code 97321	Amount of Each Receipt this Period 17.80 Restaurant	
FEC ID number of contributing federal political committee. C S4OR00156		Amount of Each Receipt this Period 167.80 Restaurant
Name of Employer none Occupation none	Election Cycle-to-Date 167.80	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	39.73
TOTAL This Period (last page this line number only)	

14020192323

**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 10 OF 33
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)
Perkins for US Senate Team

Full Name (Last, First, Middle Initial) JO RAE PERKINS		Date of Receipt M M D D Y Y 03 10 2014
Mailing Address 1033 MAPLE ST SW		Transaction ID : SA13A.4201
City ALBANY	State OR	Zip Code 97321
FEC ID number of contributing federal political committee. C S4OR00156		Amount of Each Receipt this Period 10.75
Name of Employer none	Occupation none	Restaurant
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	273.55

Full Name (Last, First, Middle Initial) JO RAE PERKINS		Date of Receipt M M D D Y Y 03 10 2014
Mailing Address 1033 MAPLE ST SW		Transaction ID : SA13A.4206
City ALBANY	State OR	Zip Code 97321
FEC ID number of contributing federal political committee. C S4OR00156		Amount of Each Receipt this Period 4.25
Name of Employer none	Occupation none	Restaurant paid from personal account
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	277.80

Full Name (Last, First, Middle Initial) JO RAE PERKINS		Date of Receipt M M D D Y Y 03 13 2014
Mailing Address 1033 MAPLE ST SW		Transaction ID : SA13A.4203
City ALBANY	State OR	Zip Code 97321
FEC ID number of contributing federal political committee. C S4OR00156		Amount of Each Receipt this Period 3.25
Name of Employer none	Occupation none	Restaurant
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	291.05

SUBTOTAL of Receipts This Page (optional).....	18.25
TOTAL This Period (last page this line number only).....	

14020192324

**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 11 OF 33
	<input type="checkbox"/> 11a <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Perkins for US Senate Team

Full Name (Last, First, Middle Initial) JO RAE PERKINS		Date of Receipt M M O U Y Y 03 31 2014	
A. Mailing Address 1033 MAPLE ST SW		Transaction ID : SA13A.4197	
City ALBANY	State OR	Zip Code 97321	Amount of Each Receipt this Period Restaurant , 18.00
FEC ID number of contributing federal political committee.		C S4OR00156	
Name of Employer none	Occupation none		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 309.05		

B. Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	, ,
FEC ID number of contributing federal political committee.		C	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

C. Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		Amount of Each Receipt this Period	
City	State	Zip Code	, ,
FEC ID number of contributing federal political committee.		C	
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).....	, , 18.00
TOTAL This Period (last page this line number only).....	, , 179.05

14020192325

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 12 OF 33		
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Perkins for US Senate Team

Full Name (Last, First, Middle Initial) Jeffrey Whittaker		Date of Receipt M M D Y Y 03 15 2014
A. Mailing Address 11452 SW Cornell PL		Transaction ID : SA13B.4127
City Tigard	State OR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer GEO Line	Occupation Manager	500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Loan
Election Cycle-to-Date		500.00

Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		
City	State	
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)		Date of Receipt
C. Mailing Address		M D D
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

14020192326

**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)
Perkins for US Senate Team

Full Name (Last, First, Middle Initial)
A. Carson Oil

Mailing Address 4175 Santiam Hwy

City Albany State OR Zip Code 97322

Purpose of Disbursement Gas

Candidate Name Perkins for US Senate Team

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
01 27 2014

Amount of Each Disbursement this Period
48.00

Transaction ID : SB17.4249

Full Name (Last, First, Middle Initial)
B. Carson Oil

Mailing Address 4175 Santiam Hwy

City Albany State OR Zip Code 97322

Purpose of Disbursement Gas

Candidate Name Perkins for US Senate Team

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
01 29 2014

Amount of Each Disbursement this Period
22.26

Transaction ID : SB17.4250

Full Name (Last, First, Middle Initial)
c. Carson Oil

Mailing Address 4175 Santiam Hwy

City Albany State OR Zip Code 97322

Purpose of Disbursement Gas

Candidate Name Perkins for US Senate Team

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
02 04 2014

Amount of Each Disbursement this Period
37.90

Transaction ID : SB17.4251

SUBTOTAL of Disbursements This Page (optional) 108.16

TOTAL This Period (last page this line number only)

14020192327

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 33

<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)
Perkins for US Senate Team

Full Name (Last, First, Middle Initial) A. Carson Oil		Date of Disbursement M M D D Y Y 02 11 2014
Mailing Address 4175 Santiam Hwy		Amount of Each Disbursement this Period 57.61 Transaction ID : SB17.4260
City Albany State OR Zip Code 97322	002 Category/ Type	
Purpose of Disbursement Gas		
Candidate Name Perkins for US Senate Team		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Carson Oil		Date of Disbursement M M D D Y Y 02 19 2014
Mailing Address 4175 Santiam Hwy		Amount of Each Disbursement this Period 62.79 Transaction ID : SB17.4269
City Albany State OR Zip Code 97322	002 Category/ Type	
Purpose of Disbursement Gas		
Candidate Name Perkins for US Senate Team		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Carson Oil		Date of Disbursement M M D D Y Y 02 24 2014
Mailing Address 4175 Santiam Hwy		Amount of Each Disbursement this Period 62.40 Transaction ID : SB17.4272
City Albany State OR Zip Code 97322	002 Category/ Type	
Purpose of Disbursement Gas		
Candidate Name Perkins for US Senate Team		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	182.80
TOTAL This Period (last page this line number only).....	

14020192328

**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 15 OF 33	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21		

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NAME OF COMMITTEE (In Full)
Perkins for US Senate Team

Full Name (Last, First, Middle Initial) A. Carson Oil		Date of Disbursement	
Mailing Address 4175 Santiam Hwy		M M	D D Y Y
		02	26 2014
City Albany State OR Zip Code 97322		Amount of Each Disbursement this Period	
Purpose of Disbursement Gas		58.50	
Candidate Name Perkins for US Senate Team		Transaction ID : SB17.4278	
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)	Category/Type 002	
State: OR District: 00			

Full Name (Last, First, Middle Initial) B. Carson Oil		Date of Disbursement	
Mailing Address 4175 Santiam Hwy		M M	D D Y Y
		02	27 2014
City Albany State OR Zip Code 97322		Amount of Each Disbursement this Period	
Purpose of Disbursement Gas		31.05	
Candidate Name Perkins for US Senate Team		Transaction ID : SB17.4279	
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)	Category/Type 002	
State: OR District: 00			

Full Name (Last, First, Middle Initial) C. Carson Oil		Date of Disbursement	
Mailing Address 4175 Santiam Hwy		M M	D D Y Y
		03	07 2014
City Albany State OR Zip Code 97322		Amount of Each Disbursement this Period	
Purpose of Disbursement Gas		38.72	
Candidate Name Perkins for US Senate Team		Transaction ID : SB17.4287	
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)	Category/Type 002	
State: OR District: 00			

SUBTOTAL of Disbursements This Page (optional).....	128.27
TOTAL This Period (last page this line number only).....	

14020192329

**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 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)
Perkins for US Senate Team

Full Name (Last, First, Middle Initial) A. Carson Oil		Date of Disbursement M M D D Y Y 03 10 2014
Mailing Address 4175 Santiam Hwy		Amount of Each Disbursement this Period 46.20 Transaction ID : SB17.4291
City Albany State OR Zip Code 97322	002 Category/ Type	
Purpose of Disbursement Gas		
Candidate Name Perkins for US Senate Team		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Carson Oil		Date of Disbursement M M D D Y Y 03 12 2014
Mailing Address 4175 Santiam Hwy		Amount of Each Disbursement this Period 68.88 Transaction ID : SB17.4292
City Albany State OR Zip Code 97322	002 Category/ Type	
Purpose of Disbursement Gas		
Candidate Name Perkins for US Senate Team		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Carson Oil		Date of Disbursement M M D D Y Y 03 17 2014
Mailing Address 4175 Santiam Hwy		Amount of Each Disbursement this Period 71.40 Transaction ID : SB17.4304
City Albany State OR Zip Code 97322	002 Category/ Type	
Purpose of Disbursement Gas		
Candidate Name Perkins for US Senate Team		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	186.48
TOTAL This Period (last page this line number only).....	

14020192330

**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 17 OF 33	
	<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)
Perkins for US Senate Team

Full Name (Last, First, Middle Initial) A. Carson Oil		Date of Disbursement MM DD YY 03 18 2014
Mailing Address 4175 Santiam Hwy		Amount of Each Disbursement this Period 22.20 Transaction ID : SB17.4308
City Albany State OR Zip Code 97322	Purpose of Disbursement Gas	
Candidate Name Perkins for US Senate Team		Category/Type 002
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. Carson Oil		Date of Disbursement MM DD YY 03 19 2014
Mailing Address 4175 Santiam Hwy		Amount of Each Disbursement this Period 68.88 Transaction ID : SB17.4309
City Albany State OR Zip Code 97322	Purpose of Disbursement Gas	
Candidate Name Perkins for US Senate Team		Category/Type 002
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) C. Marketing Engineers		Date of Disbursement MM DD YY 02 15 2014
Mailing Address 655 A Street Suite A		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4273
City Springfield State OR Zip Code 97477	Purpose of Disbursement Website	
Candidate Name Perkins for US Senate Team		Category/Type 006
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).....	241.08
TOTAL This Period (last page this line number only).....	

14020192331

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

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NAME OF COMMITTEE (In Full)
Perkins for US Senate Team

Full Name (Last, First, Middle Initial)
A. Marketing Engineers

Mailing Address 655 A Street Suite A

City Springfield State OR Zip Code 97477

Purpose of Disbursement Website

Candidate Name Perkins for US Senate Team

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
03 17 2014

Amount of Each Disbursement this Period
, ,
155.00
Transaction ID : SB17.4307

Category/ Type 004

Full Name (Last, First, Middle Initial)
B. Zoo Printing

Mailing Address 4730 Eastern Avenue

City Bell State CA Zip Code 90201

Purpose of Disbursement Printing

Candidate Name Perkins for US Senate Team

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
03 07 2014

Amount of Each Disbursement this Period
, ,
157.03
Transaction ID : SB17.4286

Category/ Type 006

Full Name (Last, First, Middle Initial)
C. Zoo Printing

Mailing Address 4730 Eastern Avenue

City Bell State CA Zip Code 90201

Purpose of Disbursement Printing

Candidate Name Perkins for US Senate Team

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
03 25 2014

Amount of Each Disbursement this Period
, ,
39.96
Transaction ID : SB17.4317

Category/ Type 006

SUBTOTAL of Disbursements This Page (optional).....	351.99
TOTAL This Period (last page this line number only).....	1198.78

14020192332

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4211

Perkins for US Senate Team

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JO RAE PERKINS

Primary

Mailing Address
1033 MAPLE ST SW

General

Other (specify) ▼

City State ZIP Code
ALBANY OR 97321

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7.25	0.00	7.25

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01/16/2014	12/31/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)... ▶ , , 7.25

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.

14020192333

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Perkins for US Senate Team** Transaction ID : **SC/10.4212**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
JO RAE PERKINS
 Primary
 General
 Other (specify) ▼

Mailing Address
1033 MAPLE ST SW

City State ZIP Code
ALBANY OR 97321

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7.00	0.00	7.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01 st 22 nd 2014	12/31/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)... ▶ 7.00

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.

14020192334

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **Perkins for US Senate Team** Transaction ID : **SC/10.4213**

LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS] JO RAE PERKINS	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW	

City	State	ZIP Code
ALBANY	OR	97321

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8.75	0.00	8.75

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	01 st 24 th 2014	12/31/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)...	8.75
TOTALS This Period (last page in this line only)...	8.75

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

14020192335

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 22 OF 33

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full) **Perkins for US Senate Team** Transaction ID : **SC/10.4209**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
JO RAE PERKINS Primary
 Mailing Address 1033 MAPLE ST SW General
 Other (specify) ▼

City State ZIP Code
 ALBANY OR 97321

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11.98	0.00	11.98

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01 st 25 th 2014	12/31/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)...	▶	11.98
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.

14020192336

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full) **Perkins for US Senate Team** Transaction ID : **SC/10.4210**

LOAN SOURCE Full Name (Last, First, Middle Initial) **JO RAE PERKINS** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
1033 MAPLE ST SW

City State ZIP Code
ALBANY OR 97321

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10.95	0.00	10.95

TERMS Date Incurred Date Due Interest Rate Secured:
02 03 2014 12/31/14 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)...	10.95
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.	

14020192337

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Perkins for US Senate Team** Transaction ID : **SC/10.4207**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
JO RAE PERKINS Primary
Mailing Address General
1033 MAPLE ST SW Other (specify) ▼

City State ZIP Code
ALBANY OR 97321

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
57.14	0.00	57.14

TERMS Date Incurred Date Due Interest Rate Secured:
M⁰² D¹⁵ Y²⁰¹⁴ M D Y^{12/13/14} 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)...	57.14
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.	

14020192338

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4208

Perkins for US Senate Team

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]**
JO RAE PERKINS

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
1033 MAPLE ST SW

City State ZIP Code
ALBANY OR 97321

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3.85	0.00	3.85

TERMS Date Incurred Date Due Interest Rate Secured:

'02nd '17th 2014 '12/31/14' 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)... ▶ , , 3.85

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.

14020192339

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Perkins for US Senate Team** Transaction ID : **SC/10.4204**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
JO RAE PERKINS Primary
Mailing Address General
1033 MAPLE ST SW Other (specify) ▼

City State ZIP Code
ALBANY OR 97321

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
18.08	0.00	18.08

TERMS Date Incurred Date Due Interest Rate Secured:
M⁰² D²⁰ 2014 M 12/21/14 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)...	▶	18.08
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.

14020192340

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4205

Perkins for US Senate Team

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JO RAE PERKINS

Primary

General

Other (specify) ▼

Mailing Address
1033 MAPLE ST SW

City State ZIP Code
ALBANY OR 97321

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
17.80	0.00	17.80

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 28 2014	12/31/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)... ▶ 17.80

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.

14020192341

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4201

Perkins for US Senate Team

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JO RAE PERKINS

Primary

General

Other (specify) ▼

Mailing Address
1033 MAPLE ST SW

City State ZIP Code
ALBANY OR 97321

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10.75	0.00	10.75

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 ^M 10 ^D 2014 ^Y	12/31/14 ^Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)... ▶ , , 10.75

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.

14020192342

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4206

Perkins for US Senate Team

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JO RAE PERKINS

Primary

General

Other (specify) ▼

Mailing Address
1033 MAPLE ST SW

City State ZIP Code
ALBANY OR 97321

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4.25	0.00	4.25

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
'03 '10 ^D 2014	'12/13/31	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)...	▶	4.25
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.

14020192343

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Perkins for US Senate Team** Transaction ID : **SC/10.4203**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
JO RAE PERKINS
 Primary
 General
 Other (specify) ▼

Mailing Address
1033 MAPLE ST SW

City State ZIP Code
ALBANY OR 97321

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3.25	0.00	3.25

TERMS Date Incurred Date Due Interest Rate Secured:
M⁰³ D¹³ Y²⁰¹⁴ M Y^{12/31/14} 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)... ▶ 3.25

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.

14020192344

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Perkins for US Senate Team** Transaction ID : **SC/10.4197**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
JO RAE PERKINS Primary
 Mailing Address 1033 MAPLE ST SW General
 Other (specify) ▼

City State ZIP Code
ALBANY OR 97321

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
18.00	0.00	18.00

TERMS Date Incurred Date Due Interest Rate Secured:
 '03 '31^D 2014 ' ' ' 12/31/14 ' 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)...	▶	18.00
TOTALS This Period (last page in this line) ..	▶	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

14020192345

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **Perkins for US Senate Team** Transaction ID : **SC/10.4127**

LOAN SOURCE Full Name (Last, First, Middle Initial) Jeffrey Whittaker	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 11452 SW Cornell PL	

City	State	ZIP Code
Tigard	OR	97223

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M ⁰³ D ¹⁵ 2014	Y ⁰⁴ /M ⁰⁵ /Y ²⁰¹⁴	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)...	▶	500.00
TOTALS This Period (last page in this line only) ..	▶	679.05

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

14020192346

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 33 OF 33
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Perkins for US Senate Team

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Marketing Engineers	Nature of Debt (Purpose): Website
Mailing Address 655 A Street Suite A	
City State Zip Code Springfield OR 97477	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4245
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1000.00	455.00	545.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tyler Smith & Associates PC	Nature of Debt (Purpose): Legal Fees
Mailing Address 181 N. Grant St SE Ste 212	
City State Zip Code Canby OR 97013	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4254
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
180.00	75.00	105.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tyler Smith & Associates PC	Nature of Debt (Purpose): Legal Fees
Mailing Address 181 N. Grant St SE Ste 212	
City State Zip Code Canby OR 97013	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4256
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
45.00	0.00	45.00

1) SUBTOTALS This Period This Page (optional)...	695.00
2) TOTALS This Period (last page this line number only)...	695.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	679.05
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	1374.05

14020192347

**JO RAE
PERKINS
U.S. SENATE**

WWW.PERKINSFORSENATE.COM

*PO Box 214
Aldamy OR 97321*

*Office of Public Records
PO Box 77578
Washington, DC 20013-7578*

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14020192348

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7111
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Postmark

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USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

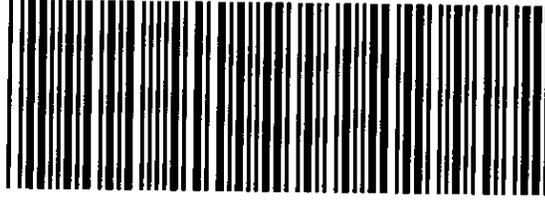
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

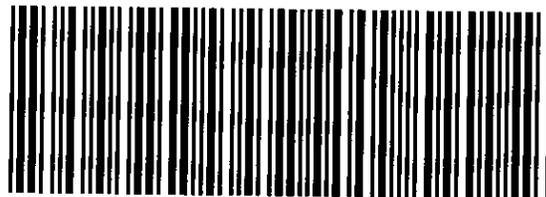
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Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **4-15-14**

14020192349



SEN PATCH



SEN PATCH

14020192350