

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC

14 JAN 28 AM 9:44

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)

11033 MAPLE ST SW

Check if different than previously reported. (ACC)

ALBANY

OR

97321

2. FEC IDENTIFICATION NUMBER ▼

C00547646

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

OR

00

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 Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

10

01

2013

through

12

31

2013

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

Renee Smith

Signature of Treasurer

Renee Smith

Date

01

10

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)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

PERKINS FOR US SENATE TEAM

Report Covering the Period: From:

10 ' 01 ' 2013

To:

12 ' 31 ' 2013

| | 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)) | <u>3110.00</u> | <u>558392</u> |
| (b) Total Contribution Refunds (from Line 20(d)) | <u>1000.00</u> | <u>1000.00</u> |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | <u>2110.00</u> | <u>458392</u> |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | <u>2320.34</u> | <u>4132.08</u> |
| (b) Total Offsets to Operating Expenditures (from Line 14) | <u>—</u> | <u>—</u> |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | <u>2320.34</u> | <u>4132.08</u> |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | <u>1188.29</u> | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <u>0</u> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <u>3859.11</u> | |

For further information contact:

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

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

14020014404

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

PERKINS FOR US SENATE TEAM

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

3020.00

5220.00

(ii) Unitemized.....

—

—

(iii) TOTAL of contributions from individuals ▶

3020.00

5220.00

(b) Political Party Committees.....

—

—

(c) Other Political Committees (such as PACs).....

—

—

(d) The Candidate.....

9000

36392

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

311000

558392

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

—

—

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

38591

73645

(b) All Other Loans.....

—

—

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

38591

73645

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

—

—

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

—

—

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

349591

632037

14020014405

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

| | | |
|--|---------|---------|
| 17. OPERATING EXPENDITURES..... | 2320.34 | 4132.08 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | — | — |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | — | — |
| (b) Of All Other Loans | — | — |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | — | — |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 1000.00 | 1000.00 |
| (b) Political Party Committees..... | — | — |
| (c) Other Political Committees (such as PACs)..... | — | — |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 1000.00 | 1000.00 |
| 21. OTHER DISBURSEMENTS | — | — |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 3320.34 | 5132.08 |

III. CASH SUMMARY

| | |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 1012.72 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 3495.91 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 4508.63 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 3320.34 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 1188.29 |

14020014406

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

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

FOR LINE NUMBER: PAGE 1 OF 8
(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)
Perkins FOR US senate Team

A. Full Name (Last, First, Middle Initial)
Allen, Anita

Mailing Address
P.O. Box 874

City
Lebanon

State
OR

Zip Code
97355

FEC ID number of contributing federal political committee.
C

Name of Employer
Occupation
Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
10000

Date of Receipt
12 / 30 / 2013

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Barber, Anthony

Mailing Address
22350 SW Stafford Rd

City
Tualatin

State
OR

Zip Code
97062

FEC ID number of contributing federal political committee.
C

Name of Employer
Occupation
EPA Administration

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
7500

Date of Receipt
12 / 12 / 2013

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Barreto, CHRIS

Mailing Address
602189 LOWER Cove Rd

City
COVE

State
OR

Zip Code
97824

FEC ID number of contributing federal political committee.
C

Name of Employer
Occupation
Homemaker

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
17000

Date of Receipt
12 / 12 / 2013

Amount of Each Receipt this Period
170.00

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

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

345.00

14020014407

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

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

FOR LINE NUMBER: PAGE 2 OF 8
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PERKINS FOR US Senate Team

A. Full Name (Last, First, Middle Initial)
Baxter, Roberta
 Mailing Address
1226 NW Lake Street
 City **Newport** State **OR** Zip Code **97345**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Retired
 Receipt For: Primary General
 Other (specify)
 Election Cycle-to-Date **20.00**

Date of Receipt
10 / 21 / 2013
 Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Bridgens, Christine
 Mailing Address
1255 SW 9th
 City **Warrenton** State **OR** Zip Code **97146**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Self-Employed Floral Designer
 Receipt For: Primary General
 Other (specify)
 Election Cycle-to-Date **50.00**

Date of Receipt
10 / 03 / 2013
 Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Coker, Margery
 Mailing Address
4643 NW SCENIC DRIVE
 City **Albany** State **OR** Zip Code **97321**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Retired
 Receipt For: Primary General
 Other (specify)
 Election Cycle-to-Date **20.00**

Date of Receipt
10 / 15 / 2013
 Amount of Each Receipt this Period
20.00

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

90.00

14020014408

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

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

FOR LINE NUMBER: PAGE **3** OF **8**

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PERKINS FOR US SENATE TEAM

A. Full Name (Last, First, Middle Initial)
Ellering, Bill

Mailing Address
1889 E Highland Ave

City
Hermiston State **OR** Zip Code **97838**

FEC ID number of contributing federal political committee.
C

Name of Employer
Umatilla County Occupation **County Commissioner**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
11/09/2013

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Grealish, Pat

Mailing Address
1355 Barnick Rd NE

City
Keizer State **OR** Zip Code **97303**

FEC ID number of contributing federal political committee.
C

Name of Employer
OHI Occupation **Construction**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
25.00

Date of Receipt
10/03/2013

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Miller, Terry

Mailing Address
33252 Wood Duck Lane

City
Warrenton State **OR** Zip Code **97146**

FEC ID number of contributing federal political committee.
C

Name of Employer
Retired Occupation **Retired**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
11/21/2013

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....
175.00

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

14020014409

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

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

FOR LINE NUMBER: PAGE 4 OF 8
(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

A. Full Name (Last, First, Middle Initial)
PERKINS, JO Rae

Mailing Address
1033 Maple St SW

City **Albany** State **OR** Zip Code **97321**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation **candidate**

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
29392

Date of Receipt
11 / 06 / 2013

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
PERKINS, JO Rae

Mailing Address
1033 Maple St SW

City **Albany** State **OR** Zip Code **97321**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation **candidate**

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
312392

Date of Receipt
11 / 20 / 2013

Amount of Each Receipt this Period
70.00

C. Full Name (Last, First, Middle Initial)
Price, Patricia

Mailing Address
12375 SW Fielding Court

City **Beaverton** State **OR** Zip Code **97008**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation **Retired**

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
50.00

Date of Receipt
12 / 30 / 2013

Amount of Each Receipt this Period
50.00

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

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

140.00

14020014410

**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 8
(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

A. Full Name (Last, First, Middle Initial)
Rebmann, Chris

Mailing Address
P.O. Box 258

City Scio State OR Zip Code 97374

FEC ID number of contributing federal political committee. C

Name of Employer _____ Occupation Retired

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
25.00

Date of Receipt
12 / 30 / 2013

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Roberts, Patricia

Mailing Address
P.O. Box 2406

City Gearhart State OR Zip Code 97138

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Architectural Design

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
50.00

Date of Receipt
10 / 03 / 2013

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Sather, Alan

Mailing Address
1717 NW Fisher Loop

City Albany State OR Zip Code 97321

FEC ID number of contributing federal political committee. C

Name of Employer Self-employed Occupation Retail Landlord

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
100.00

Date of Receipt
11 / 15 / 2013

Amount of Each Receipt this Period
100.00

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

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

175.00

14020014411

**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 8
(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

A. Full Name (Last, First, Middle Initial)
Scaif, Nancy

Mailing Address
1594 W 11th Ave

City Junction City State OR Zip Code 97448

FEC ID number of contributing federal political committee. C

Name of Employer _____ Occupation Retired

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
2000

Date of Receipt
11 / 20 / 2013

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Smith, David

Mailing Address
P.O. Box 58

City Shedd State OR Zip Code 97377

FEC ID number of contributing federal political committee. C

Name of Employer _____ Occupation Retired

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
150.00

Date of Receipt
11 / 20 / 2013

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Tyson, Bryan

Mailing Address
4105 WORMWOOD St SE

City Salem State OR Zip Code 97306

FEC ID number of contributing federal political committee. C

Name of Employer Pacific Survey Const Occupation Survey Acct. Mgr.

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
750.00

Date of Receipt
10 / 04 / 2013

Amount of Each Receipt this Period
750.00

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

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

920.00

14020014412

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

| | | |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 8 |
| | <input checked="" type="checkbox"/> 11a <input 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

A. Full Name (Last, First, Middle Initial)
Watkins, Annette

Mailing Address
2328 NW Violet

City **Albany** State **OR** Zip Code **97321**

FEC ID number of contributing federal political committee. **C**

Name of Employer _____ Occupation **Retired**

Receipt For: Primary General Other (specify) _____

Election Cycle-to-Date **4000**

Date of Receipt **12' 12' 2013**

Amount of Each Receipt this Period **4000**

B. Full Name (Last, First, Middle Initial)
Whited, Cathy

Mailing Address
120 Columbus St NE

City **Albany** State **OR** Zip Code **97321**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Senior Services** Occupation **Health Care In-home**

Receipt For: Primary General Other (specify) _____

Election Cycle-to-Date **10000**

Date of Receipt **11' 20' 2013**

Amount of Each Receipt this Period **10000**

C. Full Name (Last, First, Middle Initial)
Whittaker, Anita

Mailing Address
11452 SW Cornell Place

City **Tigard** State **OR** Zip Code **97223**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-Employed** Occupation **Real Estate Agent**

Receipt For: Primary General Other (specify) _____

Election Cycle-to-Date **100000**

Date of Receipt **10' 04' 2013**

Amount of Each Receipt this Period **100000**

SUBTOTAL of Receipts This Page (optional)..... **1140.00**

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

14020014413

**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 8 OF 8 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Whitaker, Ron | | Date of Receipt 12 / 30 / 2013 |
| Mailing Address 3817 Firwood Circle SE | | Amount of Each Receipt this Period 50.00 |
| City Albany | State Zip Code OR 97322 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer PS Enterprises, Inc. | Occupation President | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 50.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Whitaker, Tina | | Date of Receipt 12 / 30 / 2013 |
| Mailing Address 3817 Firwood Circle SE | | Amount of Each Receipt this Period 50.00 |
| City Albany | State Zip Code OR 97322 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer | Occupation Homemaker | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 50.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Petersen, Gary | | Date of Receipt 12 / 31 / 2013 |
| Mailing Address 2726 SE 9th St | | Amount of Each Receipt this Period 25.00 |
| City Albany | State Zip Code OR 97322 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer | Occupation Retired | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 25.00 | |

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 125.00 |
| TOTAL This Period (last page this line number only)..... | 3110.00 |

14020014414

**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 1 OF 18

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)

Date of Disbursement

10' 01' 2013

A.

Gaston, Ralph

Mailing Address

2170 S 5th Street

City

Lebanon

State

OR

Zip Code

97355

Purpose of Disbursement

Printed Materials

006

Candidate Name

Jo Rae Perkins

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: OR

District: 00

Amount of Each Disbursement this Period

3352

Full Name (Last, First, Middle Initial)

Date of Disbursement

10' 09' 2013

B.

Checks In The Mail

Mailing Address

2435 Goodwin Lane

City

New Braunfels

State

Zip Code

TX 78135

Purpose of Disbursement

Printed Materials

006

Candidate Name

Jo Rae Perkins

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: OR

District: 00

Amount of Each Disbursement this Period

2584

Full Name (Last, First, Middle Initial)

Date of Disbursement

10' 12' 2013

C.

La Grande Inn

Mailing Address

2612 Island Ave

City

La Grande

State

Zip Code

OR 97850

Purpose of Disbursement

Lodging

002

Candidate Name

Jo Rae Perkins

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: OR

District: 00

Amount of Each Disbursement this Period

6490

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

12420

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

14020014415

**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 2 OF 4

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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. Kings Road Towne Pump
Mailing Address 820 NW Kings Blvd
City Corvallis OR Zip Code 97330
Purpose of Disbursement Gas
Candidate Name Jo Rae Perkins
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: OR District: 00

Date of Disbursement

10 ' 27 ' 2013

Amount of Each Disbursement this Period

6333

002
Category/
Type

B. Shell
Mailing Address 1515 S Calapooia
City Albany OR Zip Code 97321
Purpose of Disbursement Gas
Candidate Name Jo Rae Perkins
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: OR District: 00

Date of Disbursement

10 ' 03 ' 2013

Amount of Each Disbursement this Period

21.00

002
Category/
Type

C. Carson Food Mart
Mailing Address 4175 Santiam Hwy
City Albany OR Zip Code 97321
Purpose of Disbursement Gas
Candidate Name Jo Rae Perkins
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: OR District: 00

Date of Disbursement

10 ' 28 ' 2013

Amount of Each Disbursement this Period

49.17

002
Category/
Type

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

13350

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

14020014416

**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 3 OF 18 |
| | <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

A. United States Postal Service

Full Name (Last, First, Middle Initial)

Mailing Address: **525 2nd Ave SW**

City: **Albany** State: **OR** Zip Code: **97321**

Purpose of Disbursement: **Postage** Category/Type: **001**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement: **10/11/2013**

Amount of Each Disbursement this Period: **522**

B. Bill's Service

Full Name (Last, First, Middle Initial)

Mailing Address: **490 N State St**

City: **Lake Oswego** State: **OR** Zip Code: **97034**

Purpose of Disbursement: **Gas** Category/Type: **002**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement: **10/15/2013**

Amount of Each Disbursement this Period: **77.04**

C. Kings Road Tawne Pump

Full Name (Last, First, Middle Initial)

Mailing Address: **820 NW Kings Blvd**

City: **Corvallis** State: **OR** Zip Code: **97330**

Purpose of Disbursement: **Gas** Category/Type: **002**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement: **11/10/2013**

Amount of Each Disbursement this Period: **630.1**

SUBTOTAL of Disbursements This Page (optional)..... **14521**

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

14020014417

**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 4 OF 16 |
| | <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

A. CARSON FOOD MART

Date of Disbursement: **11 / 08 / 2013**

Mailing Address: **475 Santiam Hwy**

City: **Albany** State: **OR** Zip Code: **97321**

Purpose of Disbursement: **Gas** Category/Type: **002**

Candidate Name: **JO RAE PERKINS**

Office Sought: Senate Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Amount of Each Disbursement this Period: **6384**

B. Kings Road Tawne Pump

Date of Disbursement: **11 / 10 / 2013**

Mailing Address: **820 NW Kings Blvd**

City: **Corvallis** State: **OR** Zip Code: **97330**

Purpose of Disbursement: **Gas** Category/Type: **002**

Candidate Name: **JO RAE PERKINS**

Office Sought: Senate Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Amount of Each Disbursement this Period: **6212**

C. Veterans Cammereration Assoc.

Date of Disbursement: **11 / 10 / 2013**

Mailing Address: **1215 Pacific Blvd**

City: **Albany** State: **OR** Zip Code: **97321**

Purpose of Disbursement: **Campaign Event** Category/Type: **007**

Candidate Name: **JO RAE PERKINS**

Office Sought: Senate Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Amount of Each Disbursement this Period: **2250**

SUBTOTAL of Disbursements This Page (optional)..... **14846**

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

1402001418

**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. Staples | | Date of Disbursement 10 / 02 / 2013 |
| Mailing Address 2000 S Santiam Hwy | | Amount of Each Disbursement this Period 146.24 |
| City Albany | State OR | |
| Zip Code 97321 | | Category/ Type 006 |
| Purpose of Disbursement Printed Materials | | |
| Candidate Name Jo Rae Perkins | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: OR District: 00 | |

| | | |
|--|------------------------|---|
| Full Name (Last, First, Middle Initial) B. CARSON FOOD MART | | Date of Disbursement 10 / 02 / 2013 |
| Mailing Address 4775 Santiam Hwy | | Amount of Each Disbursement this Period 46.10 |
| City Albany | State OR | |
| Zip Code 97321 | | Category/ Type 002 |
| Purpose of Disbursement Gas | | |
| Candidate Name Jo Rae Perkins | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: OR District: 00 | |

| | | |
|--|------------------------|---|
| Full Name (Last, First, Middle Initial) C. Silicon Studio | | Date of Disbursement 10 / 08 / 2013 |
| Mailing Address 0x3 8PL Green Ridges | | Amount of Each Disbursement this Period 500.00 |
| City Oxford | State OR | |
| Zip Code Oxfordshire | | Category/ Type 004 |
| Purpose of Disbursement Marketing | | |
| Candidate Name Jo Rae Perkins | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: OR District: 00 | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 692.34 |
| TOTAL This Period (last page this line number only)..... | |

14020014419

**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 0 OF 9

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. PayPal Date of Disbursement: 10/15/2013

Mailing Address: 2211 NORTH FIRST ST
City: San Jose CA Zip Code: 95131

Purpose of Disbursement: Processing Fee Amount of Each Disbursement this Period: 88

Candidate Name: JO RAE PERKINS Category/Type: 001

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: OR District: 00

B. PayPal Date of Disbursement: 11/09/2013

Mailing Address: 2211 NORTH FIRST ST
City: San Jose CA Zip Code: 95131

Purpose of Disbursement: Processing Fee Amount of Each Disbursement this Period: 175

Candidate Name: JO RAE PERKINS Category/Type: 001

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: OR District: 00

C. City of Portland Date of Disbursement: 10/24/2013

Mailing Address: 1120 SW 5th Ave
City: Portland OR Zip Code: 97204

Purpose of Disbursement: Parking Amount of Each Disbursement this Period: 240

Candidate Name: JO RAE PERKINS Category/Type: 002

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: OR District: 00

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

503

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

14020014420

**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 7 OF 18

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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. Wasco County Republicans

Mailing Address: **P.O. BOX 6880**

City: **The Dalles** State: **OR** Zip Code: **97058**

Purpose of Disbursement: **Campaign Event** Category/Type: **007**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement: **10/30/2013**

Amount of Each Disbursement this Period: **30.00**

Full Name (Last, First, Middle Initial)

B. Christian Chamber Northwest

Mailing Address: **P.O. Box 90784**

City: **Portland** State: **OR** Zip Code: **97290**

Purpose of Disbursement: **Campaign Event** Category/Type: **007**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement: **11/14/2013**

Amount of Each Disbursement this Period: **15.00**

Full Name (Last, First, Middle Initial)

C. Tangent Shell

Mailing Address: **33685 E Hwy 99**

City: **Tangent** State: **OR** Zip Code: **97389**

Purpose of Disbursement: **Gas** Category/Type: **002**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement: **11/15/2013**

Amount of Each Disbursement this Period: **25.00**

SUBTOTAL of Disbursements This Page (optional)..... **70.00**

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

14020014421

**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 9

| | | | |
|---|------------------------------------|-------------------------------------|------------------------------------|
| <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

A. Kings Rd Tawne Pump

Full Name (Last, First, Middle Initial)

Mailing Address: **820 Kings Blvd**

City: **Corvallis** State: **OR** Zip Code: **97330**

Purpose of Disbursement: **Gas** Category/Type: **002**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement: **11/27/2013**

Amount of Each Disbursement this Period: **62.10**

B. Staples

Full Name (Last, First, Middle Initial)

Mailing Address: **2000 S Santiam Hwy**

City: **Albany** State: **OR** Zip Code: **97321**

Purpose of Disbursement: **Supplies** Category/Type: **006**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement: **11/24/2013**

Amount of Each Disbursement this Period: **19.92**

C. Carson Food Mart

Full Name (Last, First, Middle Initial)

Mailing Address: **4775 Santiam Hwy**

City: **Albany** State: **OR** Zip Code: **97321**

Purpose of Disbursement: **Gas** Category/Type: **002**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement: **11/21/2013**

Amount of Each Disbursement this Period: **59.06**

SUBTOTAL of Disbursements This Page (optional)..... **141.14**

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

14020014422

**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 **18**

| | | | |
|---|------------------------------------|-------------------------------------|------------------------------------|
| <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

A. Flying J
 Full Name (Last, First, Middle Initial)
 Mailing Address: **63274 Hwy 203**
 City: **La Grande** State: **OR** Zip Code: **97850**
 Purpose of Disbursement: **Travel** Category/Type: **002**
 Candidate Name: **Jo Rae Perkins**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: **OR** District: **00**
 Date of Disbursement: **12/02/2013**
 Amount of Each Disbursement this Period: **11.58**

B. Safeway
 Full Name (Last, First, Middle Initial)
 Mailing Address: **203 SW 20th**
 City: **Pendleton** State: **OR** Zip Code: **97801**
 Purpose of Disbursement: **Gas** Category/Type: **002**
 Candidate Name: **Jo Rae Perkins**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: **OR** District: **00**
 Date of Disbursement: **12/02/2013**
 Amount of Each Disbursement this Period: **56.06**

C. Roosters
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1515 Southgate**
 City: **Pendleton** State: **OR** Zip Code: **97801**
 Purpose of Disbursement: **Travel** Category/Type: **002**
 Candidate Name: **Jo Rae Perkins**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: **OR** District: **00**
 Date of Disbursement: **12/02/2013**
 Amount of Each Disbursement this Period: **10.27**

SUBTOTAL of Disbursements This Page (optional)..... **77.91**
TOTAL This Period (last page this line number only).....

14020014423

**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

A. **Christian Chamber Northwest**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **P.O. Box 90784**
 City: **Portland** State: **OR** Zip Code: **97290**
 Purpose of Disbursement: **Membership** Category/Type: **004**
 Candidate Name: **JO RAE PERKINS**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: **OR** District: **00**
 Date of Disbursement: **11/14/2013**
 Amount of Each Disbursement this Period: **25.00**

B. **Christian Chamber Northwest**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **P.O. Box 90784**
 City: **Portland** State: **OR** Zip Code: **97290**
 Purpose of Disbursement: **Supplies** Category/Type: **006**
 Candidate Name: **JO RAE PERKINS**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: **OR** District: **00**
 Date of Disbursement: **11/20/2013**
 Amount of Each Disbursement this Period: **20.00**

C. **Oregon Trail Restaurant**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **211 Bridge Street**
 City: **Baker City** State: **OR** Zip Code: **97814**
 Purpose of Disbursement: **Travel** Category/Type: **002**
 Candidate Name: **JO RAE PERKINS**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: **OR** District: **00**
 Date of Disbursement: **12/03/2013**
 Amount of Each Disbursement this Period: **8.35**

SUBTOTAL of Disbursements This Page (optional)..... **53.35**
TOTAL This Period (last page this line number only).....

14020014424

**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 18

| | | | |
|---|------------------------------------|-------------------------------------|------------------------------------|
| <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

A. Full Name (Last, First, Middle Initial)
Christian Chamber Northwest

Date of Disbursement
12 ' 16 ' 2013

Mailing Address
P.O. Box 90784

City
Portland State **OR** Zip Code **97290**

Purpose of Disbursement
Membership Category/Type **004**

Candidate Name
JO RAE PERKINS

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Amount of Each Disbursement this Period
25.00

B. Full Name (Last, First, Middle Initial)
Shell

Date of Disbursement
12 ' 04 ' 2013

Mailing Address
184 Exit 205

City
La Grande State **OR** Zip Code **97850**

Purpose of Disbursement
Gas Category/Type **002**

Candidate Name
JO RAE PERKINS

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Amount of Each Disbursement this Period
54.41

C. Full Name (Last, First, Middle Initial)
Safeway

Date of Disbursement
12 ' 05 ' 2013

Mailing Address
520 Mt. Hood St

City
The Dalles State **OR** Zip Code **97058**

Purpose of Disbursement
Gas Category/Type **002**

Candidate Name
JO RAE PERKINS

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Amount of Each Disbursement this Period
60.64

SUBTOTAL of Disbursements This Page (optional)..... **140.05**

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

14020014425

**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

A. C & A Consulting

Full Name (Last, First, Middle Initial)

Mailing Address: **89358 Cranberry Lane**

City: **Bandon** State: **OR** Zip Code: **97411**

Purpose of Disbursement: **Campaign Event** Category/Type: **007**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement: **12/03/2013**

Amount of Each Disbursement this Period: **4000**

B. Pay Tang LLC

Full Name (Last, First, Middle Initial)

Mailing Address: **4609 S 2300 E, Ste 106**

City: **Holladay** State: **UT** Zip Code: **84117**

Purpose of Disbursement: **Processing Fee** Category/Type: **001**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement: **12/05/2013**

Amount of Each Disbursement this Period: **51**

C. 700 Printing

Full Name (Last, First, Middle Initial)

Mailing Address: **5700 Bandini Blvd**

City: **Commerce** State: **CA** Zip Code: **90040**

Purpose of Disbursement: **Printed Materials** Category/Type: **006**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement: **11/10/2013**

Amount of Each Disbursement this Period: **1465**

SUBTOTAL of Disbursements This Page (optional)..... **5516**

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

14020014426

**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 18

| | | | |
|---|------------------------------------|-------------------------------------|------------------------------------|
| <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

A. **700 Printing**

Full Name (Last, First, Middle Initial)

Mailing Address: **5700 Bardini Blvd**

City: **Commerce** State: **CA** Zip Code: **90040**

Purpose of Disbursement: **Printed Materials** Category/Type: **006**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement: **11/26/2013**

Amount of Each Disbursement this Period: **147.53**

B. **700 Printing**

Full Name (Last, First, Middle Initial)

Mailing Address: **5700 Bandini Blvd**

City: **Commerce** State: **CA** Zip Code: **90040**

Purpose of Disbursement: **Printed Materials** Category/Type: **006**

Candidate Name: **Jo Rae PERKINS**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement: **11/26/2013**

Amount of Each Disbursement this Period: **29.78**

C. **700 Printing**

Full Name (Last, First, Middle Initial)

Mailing Address: **5700 Bandini Blvd**

City: **Commerce** State: **CA** Zip Code: **90040**

Purpose of Disbursement: **PRINTED MATERIALS** Category/Type: **006**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement: **11/10/2013**

Amount of Each Disbursement this Period: **24.51**

SUBTOTAL of Disbursements This Page (optional)..... **201.82**

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

14020014427

**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 18

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)

Date of Disbursement

12 / 05 / 2013

A. The Riverenza
Mailing Address
401 E 101 St St

City: The Dalles OR Zip Code: 97058

Purpose of Disbursement
Travel

002

Candidate Name
Jo Rae Perkins

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: OR District: 00

Amount of Each Disbursement this Period

4.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 / 07 / 2013

B. ARCO
Mailing Address
522 SW Pacific Blvd
City: Albany OR Zip Code: 97321

Purpose of Disbursement
Gas

002

Candidate Name
Jo Rae Perkins

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: OR District: 00

Amount of Each Disbursement this Period

31.99

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 / 16 / 2013

C. PayPal
Mailing Address
2211 North First St
City: San Jose CA Zip Code: 95131

Purpose of Disbursement
Processing Fee

001

Candidate Name
Jo Rae Perkins

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: OR District: 00

Amount of Each Disbursement this Period

2.48

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

38.47

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

14020014428

**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 17

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)

Date of Disbursement

12 30 2013

A. United States Postal Service

Mailing Address

525 2nd Ave SW

City

Albany

State

OR

Zip Code

97321

Purpose of Disbursement

Postage

001

Candidate Name

Jo Rae Perkins

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

OR

District:

00

Amount of Each Disbursement this Period

126

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 30 2013

B. United States Postal Service

Mailing Address

525 2nd Ave SW

City

Albany

State

OR

Zip Code

97321

Purpose of Disbursement

Postage

001

Candidate Name

Jo Rae Perkins

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

OR

District:

00

Amount of Each Disbursement this Period

526

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 29 2013

C. Eika Bees Coffee Haus

Mailing Address

12330 SE Sunnyside Rd

City

Clackamas

State

OR

Zip Code

97015

Purpose of Disbursement

Travel

002

Candidate Name

Jo Rae Perkins

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

OR

District:

00

Amount of Each Disbursement this Period

590

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

1242

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

14020014429

**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 19

| | | | |
|---|------------------------------------|-------------------------------------|------------------------------------|
| <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

A. Lake Oswego Republican Women

Full Name (Last, First, Middle Initial)

Date of Disbursement: **12' 31' 2013**

Mailing Address: **P.O. Box 1434**

City: **Lake Oswego** State: **OR** Zip Code: **97035**

Purpose of Disbursement: **Campaign Event**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Amount of Each Disbursement this Period: **30.00**

Category/Type: **002**

B. Applebee's

Full Name (Last, First, Middle Initial)

Date of Disbursement: **12' 17' 2013**

Mailing Address: **2025 Liberty St NE**

City: **Salem** State: **OR** Zip Code: **97303**

Purpose of Disbursement: **Travel**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Amount of Each Disbursement this Period: **17.22**

Category/Type: **002**

C. Construction Contractors Board

Full Name (Last, First, Middle Initial)

Date of Disbursement: **12' 24' 2013**

Mailing Address: **P.O. Box 14140**

City: **Salem** State: **OR** Zip Code: **97309**

Purpose of Disbursement: **Mailing List**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Amount of Each Disbursement this Period: **40.00**

Category/Type: **003**

SUBTOTAL of Disbursements This Page (optional)..... **87.22**

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

14020014430

**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 **18**

| | | | |
|---|------------------------------------|-------------------------------------|------------------------------------|
| <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. Marketing Engineers | | Date of Disbursement 12 / 24 / 2013 |
| Mailing Address 655 A Street, Ste A | | Amount of Each Disbursement this Period 19394 |
| City Springfield | State OR | |
| Zip Code 97477 | | Category/ Type 004 |
| Purpose of Disbursement Marketing | | |
| Candidate Name JO RAE PERKINS | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President | State: OR District: 00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State Zip Code | |
| Purpose of Disbursement | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State Zip Code | |
| Purpose of Disbursement | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: |

| | |
|--|--------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 19394 |
| TOTAL This Period (last page this line number only)..... | |

14020014431

**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 18 | |
| | <input type="checkbox"/> 17 <input checked="" 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

A. Pacific Survey & Construction

Full Name (Last, First, Middle Initial)

Mailing Address: **10159 SW Commerce Circle, Ste C**

City: **Wilsonville** State: **OR** Zip Code: **97070**

Purpose of Disbursement: **Refund of 8/14/13 Contribution**

Candidate Name: **Jo Rae Perkins**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **OR** District: **00**

Date of Disbursement: **10 / 08 / 2013**

Amount of Each Disbursement this Period: **100000**

Category/Type: **COI**

See Schedule A pg. 4 3rd QTR

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... **100000**

TOTAL This Period (last page this line number only)..... **332034**

14020014432

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 1 OF 11

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Perkins for US Senate Team

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

Perkins, Jo Rae

Election:

Primary

General

Other (specify) ▼

Mailing Address

1033 Maple St SW

City

Albany

State

OR

ZIP Code

97321

Original Amount of Loan

6085

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

6085

TERMS

Date Incurred

10 / 05 / 2013

Date Due

MM / DD / NONE

Interest Rate

NONE % (apr)

Secured:

Yes

No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

6085

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.

14020014433

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

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

Perkins, Jo Rae

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

1033 Maple St SW

City

Albany

State

OR

ZIP Code

97321

Original Amount of Loan

18.00

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

18.00

TERMS

Date Incurred

10 / 11 / 2013

Date Due

None

Interest Rate

None % (apr)

Secured:

Yes No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: []

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: []

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: []

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: []

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

18.00

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.

14020014434

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

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

Perkins, Jo Rae

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

1033 Maple St SW

City

Albany

State

OR

ZIP Code

97321

Original Amount of Loan

59.48

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

59.48

TERMS

Date Incurred

10 / 12 / 2013

Date Due

MM / DD / NONE

Interest Rate

NONE % (apr)

Secured:

Yes No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

59.48

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.

14020014435

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 4 OF 11

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

NAME OF COMMITTEE (In Full)
PERKINS FOR US Senate Team

LOAN SOURCE Full Name (Last, First, Middle Initial)
Perkins, Jo Rae

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
1033 Maple St SW

City **Albany** State **OR** ZIP Code **97321**

Original Amount of Loan **6130** Cumulative Payment To Date **0** Balance Outstanding at Close of This Period **6130**

TERMS

Date Incurred **10** / **13** / **2013** Date Due **MM** / **DD** / **NONE** Interest Rate **NONE** % (apr) Secured: Yes No

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

| | |
|--|--|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 6130 |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 6130 |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 6130 |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: 6130 |

SUBTOTALS This Period This Page (optional)..... **6130**

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.

14020014436

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

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

PERKINS, JO RAE

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

1033 Maple St SW

City

Albany

State

OR

ZIP Code

97321

Original Amount of Loan

5659

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

5659

TERMS

Date Incurred

7/5 / 7/7 / 2013

Date Due

MM / DD / NONE

Interest Rate

NONE % (apr)

Secured:

Yes No

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

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|---|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

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

5659

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.

14020014437

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE **6** OF **11**

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

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

LOAN SOURCE Full Name (Last, First, Middle Initial)
Perkins Jo Rae

Election:
 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
6046 0 6046

TERMS Date Incurred Date Due Interest Rate Secured:
10' 20' 2013 M M D D NONE NONE % (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: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

SUBTOTALS This Period This Page (optional)..... **6046**

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.

14020014438

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

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

Perkins, Jo Rae

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

1033 Maple St SW

City

Albany

State

OR

ZIP Code

97321

Original Amount of Loan

425

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

425

TERMS

Date Incurred

10 / 30 / 2013

Date Due

MM / DD / NONE

Interest Rate

NONE % (apr)

Secured:

Yes No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed Outstanding:

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

425

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.

14020014439

SCHEDULE C (FEC Form 3)

LOANS

PAGE 8 OF 11
 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

LOAN SOURCE Full Name (Last, First, Middle Initial)
 PERKINS, JO RAE
 Election: 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
 896 0 896

TERMS Date Incurred Date Due Interest Rate Secured:
 11 ' 25 ' 2013 M M ' D D ' NONE NONE % (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)..... ▶ [] 896
 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.

14020014440

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

LOAN SOURCE Full Name (Last, First, Middle Initial) Perkins, Jo Rae

Election: Primary General Other (specify) ▼

Mailing Address 1033 Maple St SW

City Albany State OR ZIP Code 97321

Original Amount of Loan 775 Cumulative Payment To Date Balance Outstanding at Close of This Period 775

TERMS Date Incurred 12/09/2013 Date Due NONE Interest Rate NONE % (apr) Secured: Yes No

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

Table with 4 rows for endorser/guarantor information, including fields for Full Name, Mailing Address, City, State, ZIP Code, Name of Employer, Occupation, and Amount Guaranteed Outstanding.

SUBTOTALS This Period This Page (optional) 775 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.

14020014441

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

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

Perkins, Jo Rae

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

1033 Maple St SW

City

Albany

State

OR

ZIP Code

97321

Original Amount of Loan

3050

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

3050

TERMS

Date Incurred

11 / 21 / 2013

Date Due

MM / DD / NONE

Interest Rate

NONE % (apr)

Secured:

Yes No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed Outstanding:

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

3050

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.

14020014442

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

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

Perkins, Jo Rae

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

1033 Maple St SW

City

Albany

State

OR

ZIP Code

91321

Original Amount of Loan

1777

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

1777

TERMS

Date Incurred

12 / 04 / 2013

Date Due

MM / DD / NONE

Interest Rate

NONE % (apr)

Secured:

Yes No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: []

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: []

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: []

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: []

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

1777

TOTALS This Period (last page in this line only)..... ▶

38591

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

14020014443

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

| | |
|--|---------------------------------------|
| NAME OF COMMITTEE (In Full) Perkins For US Senate Team | FEC IDENTIFICATION NUMBER C |
|--|---------------------------------------|

| | | |
|---|-------------------------|--------------------------------|
| LENDING INSTITUTION (LENDER) Full Name NIA | Amount of Loan _____ | Interest Rate (APR) _____ % |
|---|-------------------------|--------------------------------|

| | | | |
|---------------------|------------------------------|-------------------------|-------------------|
| Mailing Address | Date Incurred or Established | M M / D D / Y Y Y Y Y Y | D D / Y Y Y Y Y Y |
| City State Zip Code | Date Due | M M / D D / Y Y Y Y Y Y | D D / Y Y Y Y Y Y |

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y Y Y

B. If line of credit, Amount of this Draw: _____ Total Outstanding Balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Location of account: _____
 Address: _____
 City, State, Zip: _____

Date account established: M M / D D / Y Y Y Y Y Y

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

| | |
|---|---------------------------------|
| G. COMMITTEE TREASURER Typed Name Signature | DATE M M / D D / Y Y Y Y Y Y |
|---|---------------------------------|

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

| | |
|--|---------------------------------|
| AUTHORIZED REPRESENTATIVE Typed Name Signature | DATE M M / D D / Y Y Y Y Y Y |
| Title | |

14020014444

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

| | |
|-----------------------------|--------------------------------|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER C |
|-----------------------------|--------------------------------|

| | | |
|---|----------------|--------------------------|
| LENDING INSTITUTION (LENDER) Full Name | Amount of Loan | Interest Rate (APR) % |
|---|----------------|--------------------------|

| | | | |
|---------------------|------------------------------|-------------------------|-------------------|
| Mailing Address | Date Incurred or Established | M M / D D / Y Y Y Y Y Y | D D / Y Y Y Y Y Y |
| City State Zip Code | Date Due | M M / D D / Y Y Y Y Y Y | D D / Y Y Y Y Y Y |

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y Y Y

B. If line of credit, Amount of this Draw: [] Total Outstanding Balance: []

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral? []
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value? []

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
 Location of account: _____
 Address: _____
 Date account established: M M / D D / Y Y Y Y Y Y
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

| | |
|---|---------------------------------|
| G. COMMITTEE TREASURER Typed Name Signature | DATE M M / D D / Y Y Y Y Y Y |
|---|---------------------------------|

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

| | | |
|--|-------|---------------------------------|
| AUTHORIZED REPRESENTATIVE Typed Name Signature | Title | DATE M M / D D / Y Y Y Y Y Y |
|--|-------|---------------------------------|

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

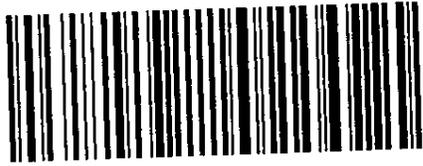
2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

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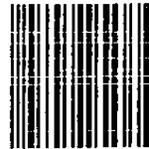
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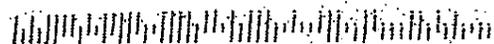
20013

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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HARY SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

USPS FIRST CLASS MAIL _____
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Postmark **1/14/14**

USPS PRIORITY MAIL _____
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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

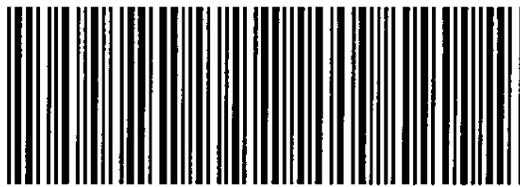
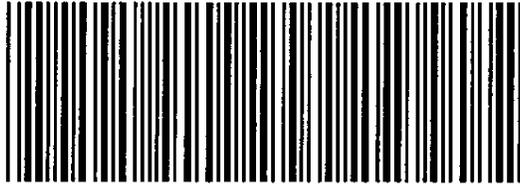
POSTMARK ILLEGIBLE NO POSTMARK

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Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER **MN** DATE PREPARED **1/28/14**

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