

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

JO RAE PERKINS FOR US SENATE

ADDRESS (number and street)

1033 MAPLE ST SW

Check if different than previously reported. (ACC)

ALBANY

OR

97321

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00582635

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

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

05 /

15 /

2018

in the State of

OR

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

General (30G)

Runoff (30R)

Special (30S)

Election on

/

/

/

in the State of

5. Covering Period

04 /

01 /

2018

through

04 /

25 /

2018

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

PERKINS, JO RAE, , ,

Type or Print Name of Treasurer

Signature of Treasurer

PERKINS, JO RAE, , ,

[Electronically Filed]

Date

12 /

30 /

2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**JO RAE PERKINS FOR US SENATE**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	1031.99	0.00
(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)).....	1031.99	0.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	2252.01	0.00
(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)).....	2252.01	0.00
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	1602.50	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	5026.79	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**JO RAE PERKINS FOR US SENATE**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2018 To: M M / D D / Y Y Y Y 04 / 25 / 2018

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	899.00	0.00
(ii) Unitemized.....	55.00	0.00
(iii) TOTAL of contributions from individuals ▶	954.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	77.99	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1031.99	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	1501.69	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1501.69	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	2533.68	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2252.01	0.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	2252.01	0.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1320.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2533.68
25. SUBTOTAL (add Line 23 and Line 24).....	3854.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2252.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1602.50

**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 77	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**JO RAE PERKINS FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**Altermatt, Natalie, , ,**

Mailing Address 235 Larry Avenue

City Keizer	State OR	Zip Code 97303
----------------	-------------	-------------------

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

Name of Employer Oregon National Guard	Occupation Sergeant First Class
---	------------------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
20.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 23 / 2018

**Transaction ID : SA11AI.7411**

Amount of Each Receipt this Period  
20.00

Memo Item donation

**B.** Full Name (Last, First, Middle Initial)  
**Badger, Becky, , ,**

Mailing Address PO Box 182

City Scio	State OR	Zip Code 97374
--------------	-------------	-------------------

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

Name of Employer retired	Occupation retired
-----------------------------	-----------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 23 / 2018

**Transaction ID : SA11AI.7404**

Amount of Each Receipt this Period  
100.00

Memo Item donation

**C.** Full Name (Last, First, Middle Initial)  
**Bellah, Hayward, , , II**

Mailing Address 28584 Ridgeway Road

City Sweet Home	State OR	Zip Code 97386
--------------------	-------------	-------------------

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

Name of Employer US Army	Occupation Command Sergeant Major (R)
-----------------------------	--

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
20.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 23 / 2018

**Transaction ID : SA11AI.7413**

Amount of Each Receipt this Period  
20.00

Memo Item donation

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

**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 77  
(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)  
**JO RAE PERKINS FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**Hummel, Dale, , ,**

Mailing Address 2513 18th Ave SE

City Albany State OR Zip Code 97322

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

Name of Employer Bi-Coastal Media Occupation producer

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
45.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

Transaction ID : SA11AI.7415

Amount of Each Receipt this Period  
45.00

Memo Item donation

**B.** Full Name (Last, First, Middle Initial)  
**Jenness, D. Eddie, , ,**

Mailing Address 18138 W. Canyon Lane

City Goodyear State AZ Zip Code 85338

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

Name of Employer various Occupation truck driver

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
53.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 03 / 2018

Transaction ID : SA11AI.7418

Amount of Each Receipt this Period  
53.00

Memo Item Donation

**C.** Full Name (Last, First, Middle Initial)  
**Kovachy, Sigmund (Bud), , , III**

Mailing Address PO Box 942

City Canyonville State OR Zip Code 97417

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

Name of Employer self Occupation jeweler

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
50.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 18 / 2018

Transaction ID : SA11AI.7407

Amount of Each Receipt this Period  
50.00

Memo Item donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 148.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7418

purchase of jewelry made by candidate Jo Rae Perkins

Form/Schedule:

Transaction ID:

**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)  
 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)  
**JO RAE PERKINS FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**Kroeze, Robert, , ,**

Mailing Address 203 Carthage Ave

City Eugene State OR Zip Code 97404

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

Name of Employer retired Occupation retired

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2018

Transaction ID : SA11AI.7409

Amount of Each Receipt this Period  
 100.00

Memo Item donation

**B.** Full Name (Last, First, Middle Initial)  
**Lytle, Rachel, , ,**

Mailing Address 4331 Mackinaw Ave SE

City Albany State OR Zip Code 97321

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

Name of Employer Linn County Health Department Occupation Office Specialist

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2018

Transaction ID : SA11AI.7401

Amount of Each Receipt this Period  
 100.00

Memo Item donation

**C.** Full Name (Last, First, Middle Initial)  
**Reye, Elizabeth, , ,**

Mailing Address 12755 NW Hartford St

City Portland State OR Zip Code 97229

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

Name of Employer Reye Household Occupation CEO

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 61.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2018

Transaction ID : SA11AI.7395

Amount of Each Receipt this Period  
 61.00

Memo Item donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 261.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7395

purchase of jewelry donated by candidate

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 77  
(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)  
**JO RAE PERKINS FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**Robinson, Jill, , ,**

Mailing Address 2555 114th St

City: Grand Praire      State: TX      Zip Code: 75060

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

Name of Employer: self      Occupation: entrepreneur

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 06 / 2018

**Transaction ID : SA11AI.7396**

Amount of Each Receipt this Period  
100.00

Memo Item donation

**B.** Full Name (Last, First, Middle Initial)  
**Schink, Andrew, , ,**

Mailing Address 1715 Cameo Dr

City: Eugene      State: OR      Zip Code: 97405

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

Name of Employer: Self      Occupation: Podiatrist

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : SA11AI.7405**

Amount of Each Receipt this Period  
100.00

Memo Item donation

**C.** Full Name (Last, First, Middle Initial)  
**Stillwell, Angi, , ,**

Mailing Address 40 NE 199th Ave

City: Portland      State: OR      Zip Code: 97230

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

Name of Employer: Self      Occupation: Massage Therapist

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
50.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 02 / 2018

**Transaction ID : SA11AI.7394**

Amount of Each Receipt this Period  
50.00

Memo Item donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.7396

donation from purchase of jewelry donated by the candidate

Form/Schedule:

Transaction ID:

# 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 77	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)  
**JO RAE PERKINS FOR US SENATE**

**A.** Full Name (Last, First, Middle Initial)  
**Symons, Bob, , ,**

Mailing Address 440 1st St E.  
#4

City Albany	State OR	Zip Code 97321
----------------	-------------	-------------------

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

Name of Employer Bob Symons Insurance	Occupation Insurance Agent
--	-------------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 11 / 2018

**Transaction ID : SA11AI.7403**

Amount of Each Receipt this Period  
100.00

Memo Item donation

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	899.00

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

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

FOR LINE NUMBER: PAGE 13 OF 77  
(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)  
**JO RAE PERKINS FOR US SENATE**

**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** S4OR00156

Name of Employer Perkins for US Senate Occupation US Senate Candidate

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
50.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 02 / 2018

**Transaction ID : SA11D.7398**

Amount of Each Receipt this Period  
50.00

Memo Item  
In-kind - cost of jewelry donated to the campaign to raise funds

**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** S4OR00156

Name of Employer Perkins for US Senate Occupation US Senate Candidate

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
647.68

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 22 / 2018

**Transaction ID : SA11D.7444**

Amount of Each Receipt this Period  
7.99

Memo Item  
purchase of hammer

**C.** 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** S4OR00156

Name of Employer Perkins for US Senate Occupation US Senate Candidate

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
667.68

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 23 / 2018

**Transaction ID : SA11D.7417**

Amount of Each Receipt this Period  
20.00

Memo Item  
donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.99

**TOTAL** This Period (last page this line number only)..... ▶ 77.99

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11D

Transaction ID : SA11D.7398

Candidate Jo Rae Perkins makes fashion jewelry and donated several items to her campaign to help raise funds.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 15 OF 77  
(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)  
**JO RAE PERKINS FOR US SENATE**

**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** S4OR00156

Name of Employer Perkins for US Senate Occupation US Senate Candidate

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 112.75

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2018

**Transaction ID : SA13A.7437**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 62.75

Memo Item  
 loan for purchase of gas - used personal account

**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** S4OR00156

Name of Employer Perkins for US Senate Occupation US Senate Candidate

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 592.75

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2018

**Transaction ID : SA13A.7449**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 480.00

Memo Item  
 Radio Ads

**C.** 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** S4OR00156

Name of Employer Perkins for US Senate Occupation US Senate Candidate

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 639.69

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2018

**Transaction ID : SA13A.7452**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 46.94

Memo Item  
 Office Supplies purchased w/ Amazon CC

**SUBTOTAL** of Receipts This Page (optional)..... ▶ \_\_\_\_\_ 589.69

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

# 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 16 OF 77	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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)  
**JO RAE PERKINS FOR US SENATE**

**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** S4OR00156

Name of Employer Perkins for US Senate	Occupation US Senate Candidate
---	-----------------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼	1579.68
--------------------------	---------

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 25 / 2018

**Transaction ID : SA13A.7450**

Amount of Each Receipt this Period  

912.00
--------

Memo Item  
Radio Ads

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼	
--------------------------	--

Date of Receipt  

M M / D D / Y Y Y Y Y Y
-------------------------

Amount of Each Receipt this Period  

--

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼	
--------------------------	--

Date of Receipt  

M M / D D / Y Y Y Y Y Y
-------------------------

Amount of Each Receipt this Period  

--

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	912.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	1501.69

**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 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**JO RAE PERKINS FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. Albany Food Market (Space Age Fuel)</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2018
Mailing Address 3135 Santiam Hwy SE		FEC Identification Number C C00582635
City Albany	State OR	Zip Code 97322
Purpose of Disbursement gas	Category/Type 002	
Candidate Name <b>Perkins For Oregon</b>		Amount of Each Disbursement this Period 62.75
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 04	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Albany Food Market (Space Age Fuel)</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2018
Mailing Address 3135 Santiam Hwy SE		FEC Identification Number C C00582635
City Albany	State OR	Zip Code 97322
Purpose of Disbursement gas	Category/Type 002	
Candidate Name <b>Perkins For Oregon</b>		Amount of Each Disbursement this Period 55.14
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 04	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>c. Albany Food Market (Space Age Fuel)</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2018
Mailing Address 3135 Santiam Hwy SE		FEC Identification Number C C00582635
City Albany	State OR	Zip Code 97322
Purpose of Disbursement gas	Category/Type 002	
Candidate Name <b>Perkins For Oregon</b>		Amount of Each Disbursement this Period 11.08
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 04	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	128.97
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**JO RAE PERKINS FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. Albany Food Market (Space Age Fuel)</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2018	
Mailing Address 3135 Santiam Hwy SE			FEC Identification Number C C00582635	
City Albany	State OR	Zip Code 97322	Amount of Each Disbursement this Period 54.17	
Purpose of Disbursement gas		Category/Type 002	Transaction ID : SB17.7435	
Candidate Name Perkins For Oregon		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018			
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼			
State: OR	District: 04			

Full Name (Last, First, Middle Initial) <b>B. Amazon</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2018	
Mailing Address 410 Terry Ave			FEC Identification Number C C00582635	
City Seattle	State WA	Zip Code 98109	Amount of Each Disbursement this Period 46.94	
Purpose of Disbursement office supplies		Category/Type 004	Transaction ID : SB17.7453	
Candidate Name Perkins For Oregon		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018			
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼			
State: OR	District: 04			

Full Name (Last, First, Middle Initial) <b>C. BICOASTAL WILLAM541-4851120 OR</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2018	
Mailing Address 1500 Valley River Dr Suite 350			FEC Identification Number C C00582635	
City Eugene	State OR	Zip Code 97401	Amount of Each Disbursement this Period 912.00	
Purpose of Disbursement Radio Ads		Category/Type 004	Transaction ID : SB17.7451	
Candidate Name Perkins For Oregon		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2018			
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼			
State: OR	District: 04			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1013.11
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**JO RAE PERKINS FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. EAGLE Mailing Service</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2018	
Mailing Address PO Box 12008			FEC Identification Number C 00582635	
City Salem	State OR	Zip Code 97309	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement Printing and mailing		Category/ Type 003	Transaction ID : SB17.7433	
Candidate Name Perkins For Oregon		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OR District: 04				

Full Name (Last, First, Middle Initial) <b>B. Elegant Themes Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2018	
Mailing Address 584 Castro St 123 Apt 3A			FEC Identification Number C 00582635	
City San Francisco	State CA	Zip Code 94114	Amount of Each Disbursement this Period 89.00	
Purpose of Disbursement website		Category/ Type 004	Transaction ID : SB17.7427	
Candidate Name Perkins For Oregon		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OR District: 04				

Full Name (Last, First, Middle Initial) <b>c. Farr's True Value</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2018	
Mailing Address 880 S 1st St / Highway 101N			FEC Identification Number C 00582635	
City Coos Bay	State OR	Zip Code 97420	Amount of Each Disbursement this Period 21.15	
Purpose of Disbursement T-Posts		Category/ Type 001	Transaction ID : SB17.7438	
Candidate Name Perkins For Oregon		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OR District: 04				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	310.15
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**JO RAE PERKINS FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. KGAL/KSHO RADIO</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2018	
Mailing Address 36991 KGAL Dr			FEC Identification Number C 00582635	
City Lebanon	State OR	Zip Code 97355	Amount of Each Disbursement this Period 480.00	
Purpose of Disbursement Radio Ads		Category/ Type 004	Transaction ID : SB17.7448	
Candidate Name Perkins For Oregon		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OR	District: 04			

Full Name (Last, First, Middle Initial) <b>B. Lowes</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2018	
Mailing Address 1300 9th Ave SE			FEC Identification Number C 00582635	
City Albany	State OR	Zip Code 97322	Amount of Each Disbursement this Period 44.48	
Purpose of Disbursement T posts		Category/ Type 004	Transaction ID : SB17.7430	
Candidate Name Perkins For Oregon		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OR	District: 04			

Full Name (Last, First, Middle Initial) <b>c. Payzang</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2018	
Mailing Address 800 E 4500 S 315			FEC Identification Number C 00582635	
City Salt Lake City	State UT	Zip Code 84107	Amount of Each Disbursement this Period 10.61	
Purpose of Disbursement merchant fees		Category/ Type 003	Transaction ID : SB17.7429	
Candidate Name Perkins For Oregon		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: OR	District: 04			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	535.09
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**JO RAE PERKINS FOR US SENATE**

Full Name (Last, First, Middle Initial) <b>A. Recreation Station</b>		Date of Disbursement
Mailing Address 1575 Oregon Coast Hwy South		M M / D D / Y Y Y Y 04 / 22 / 2018
City Reedsport	State OR	Zip Code 97467
Purpose of Disbursement gas	Category/ Type 002	
Candidate Name <b>Perkins For Oregon</b>		FEC Identification Number C C00582635
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 04	Amount of Each Disbursement this Period 62.01 Transaction ID : SB17.7440 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Safeway Reedsport</b>		Date of Disbursement
Mailing Address 1499 Hwy Ave		M M / D D / Y Y Y Y 04 / 22 / 2018
City Reedsport	State OR	Zip Code 97467
Purpose of Disbursement hammer	Category/ Type 004	
Candidate Name <b>Perkins For Oregon</b>		FEC Identification Number C C00582635
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 04	Amount of Each Disbursement this Period 7.99 Transaction ID : SB17.7442 <input type="checkbox"/> Memo Item	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2057.32

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

NAME OF COMMITTEE (In Full) <b>JO RAE PERKINS FOR US SENATE</b>	Transaction ID : <b>SC/10.6783</b>
--	------------------------------------

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <span style="float: right;"><input type="checkbox"/> Memo Item</span> PERKINS, JO RAE, , ,		Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City ALBANY	State OR	
ZIP Code 97321		

Original Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>	Cumulative Payment To Date <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>
--	---	--

<b>TERMS</b>	Date Incurred M 02 / D 03 / Y 2016	Date Due M M / D D / Y 11/5/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
State	
ZIP Code	

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>
<b>TOTALS</b> This Period (last page in this line only).....▶	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6784**  
**JO RAE PERKINS FOR US SENATE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 02 / D 03 / Y 2016	Date Due M M / D D / Y 11/04/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 10.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7086**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 02 / D 03 / Y 2016	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	25.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.6785**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 02 / D 06 / Y 2016	Date Due M M / D D / Y 11/04/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 25.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.6786**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 35.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 35.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 02 / D 13 / Y 2016	Date Due M M / D D / Y 11/04/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	35.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7090**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 49.40	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 49.40
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 02 / D 14 / Y 2016	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	49.40
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7069**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 03 / D 04 / Y 2016	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7074**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 51.27	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 51.27
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 03 / D 10 / Y 2016	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	51.27
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6833**  
**JO RAE PERKINS FOR US SENATE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100.00
-----------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred M 03 / D 11 / Y 2016	Date Due M M / D D / Y 11/04/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	100.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7083**  
**JO RAE PERKINS FOR US SENATE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 40.50	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40.50
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 03 / D 13 / Y 2016	Date Due M M / D D / Y 12/31/2016	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	40.50
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7076**  
**JO RAE PERKINS FOR US SENATE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 34.32	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 34.32
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 03 / D 16 / Y 2016	Date Due M M / D D / Y 0 Y Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 34.32
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7062**  
**JO RAE PERKINS FOR US SENATE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 37.59	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 37.59
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 03 / D 21 / Y 2016	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	37.59
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7030**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 54.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 54.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 04 / D 02 / Y 2016	Date Due M M / D D / Y 11/04/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	54.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.6906**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10.25	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10.25
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 04 / D 03 / Y 2016	Date Due M M / D D / Y 11/04/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	10.25
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.6907**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 46.40	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 46.40
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 04 / D 07 / Y 2016	Date Due M M / D D / Y 11/04/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	46.40
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.6870**  
**JO RAE PERKINS FOR US SENATE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 30.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 04 / D 09 / Y 2016	Date Due M M / D D / Y 11/04/22	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	30.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.6908**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 18.60	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 18.60
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 04 / D 09 / Y 2016	Date Due M M / D D / Y 11/04/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	18.60
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.6871**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 64.79	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 64.79
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 04 / D 10 / Y 2016	Date Due M M / D D / Y 11/04/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	64.79
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.6909**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
54.30	0.00	54.30

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 04 / D 13 / Y 2016	M M / D D / Y 11/04/16	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	54.30
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.6912**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 21.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 21.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 04 / D 18 / Y 2016	Date Due M M / D D / Y 11/4/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	21.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7032**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 12.79	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 12.79
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 04 / D 27 / Y 2016	Date Due M M / D D / Y 11/4/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	12.79
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7033**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 42.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 42.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 04 / D 28 / Y 2016	Date Due M M / D D / Y 11/4/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	42.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.6917**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 55.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 55.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 05 / D 03 / Y 2016	Date Due M M / D D / Y 11/4/16	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	55.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.6919**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 21.80	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 21.80
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 05 / D 06 / Y 2016	Date Due M M / D D / Y 0 Y Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	21.80
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7287**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , , <input type="checkbox"/> Memo Item		Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW		<input type="checkbox"/> Personal Funds of the Candidate
City ALBANY	State OR	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
350.00	0.00	350.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 01 / D 17 / Y 2018	M M / D D / Y 03/02/2019	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	350.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7355**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 66.30	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 66.30
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 01 / D 20 / Y 2018	Date Due M M / D D / Y 12/31/18	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	66.30
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7301**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 198.50	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 198.50
-----------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred M 01 / D 22 / Y 2018	Date Due M M / D D / Y 3/2/19	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	198.50
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7304**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,			<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW				
City ALBANY	State OR	ZIP Code 97321	<input type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 120.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 120.00
-----------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred M 01 / D 22 / Y 2018	Date Due M M / D D / Y 3/2/19	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	120.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7351**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item PERKINS, JO RAE, , ,		Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW		
City ALBANY	State OR	ZIP Code 97321
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
56.09	0.00	56.09

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 02 / D 03 / Y 2018	M M / D D / Y 12/31/2022	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	56.09
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7354  
**JO RAE PERKINS FOR US SENATE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item PERKINS, JO RAE, , ,		Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW		
City ALBANY	State OR	ZIP Code 97321
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25.28	0.00	25.28

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 02 / D 05 / Y 2018	M M / D D / Y 12/31/22	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	25.28
<b>TOTALS</b> This Period (last page in this line only) .....▶	

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

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

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7381  
**JO RAE PERKINS FOR US SENATE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item PERKINS, JO RAE, , ,		Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW		
City ALBANY	State OR	ZIP Code 97321
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 02 / D 07 / Y 2018	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	10.00
<b>TOTALS</b> This Period (last page in this line only) .....▶	[ ]

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

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

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7307  
**JO RAE PERKINS FOR US SENATE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item PERKINS, JO RAE, , ,			Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
56.05	0.00	56.05

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 02 / D 08 / Y 2018	M M / D D / Y 3/2/19	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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="56.05"/>
<b>TOTALS</b> This Period (last page in this line only) .....▶	<input style="width: 100%;" type="text"/>

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7345**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 20.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 02 / D 09 / Y 2018	Date Due M M / D D / Y 12/31/18	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 20.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7377**  
**JO RAE PERKINS FOR US SENATE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 56.87	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 56.87
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 02 / D 10 / Y 2018	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	56.87
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	13a
<input type="checkbox"/>	13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7347

JO RAE PERKINS FOR US SENATE

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

Memo Item

Election: 2018

PERKINS, JO RAE, , ,

Primary

General

Other (specify) ▼

Mailing Address  
1033 MAPLE ST SW

City  
ALBANY

State  
OR

ZIP Code  
97321

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

0.75

0.00

0.75

TERMS

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

02 / 12 / 2018

/ / 12/31/2022

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).....▶

0.75

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.

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7379**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 11.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 11.00
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 02 / D 19 / Y 2018	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	11.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	13a
<input type="checkbox"/>	13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7310

JO RAE PERKINS FOR US SENATE

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

PERKINS, JO RAE, , ,

Memo Item

Election: 2018

Primary

General

Other (specify) ▼

Mailing Address

1033 MAPLE ST SW

City

ALBANY

State

OR

ZIP Code

97321

Personal Funds of the Candidate

Original Amount of Loan

25.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25.00

TERMS

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 02 M

/ D 21 D

/ Y 2018 Y

M M

/ D D

/ Y 3/2/19 Y

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).....▶

25.00

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

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7312**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50.76	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50.76
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 02 / D 25 / Y 2018	Date Due M M / D D / Y 3/2/19	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50.76
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7315**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 769.70	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 769.70
-----------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred M 02 / D 25 / Y 2018	Date Due M M / D D / Y 3/2/18	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	769.70
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7317**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 80.16	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 80.16
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 02 / D 25 / Y 2018	Date Due M M / D D / Y 3/2/19	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	80.16
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7321**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , , <input type="checkbox"/> Memo Item		Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW		<input type="checkbox"/> Personal Funds of the Candidate
City ALBANY	State OR	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25.00	0.00	25.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 02 / D 27 / Y 2018	M M / D D / Y 3/2/18	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	25.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7322**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , , <input type="checkbox"/> Memo Item		Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW		<input type="checkbox"/> Personal Funds of the Candidate
City ALBANY	State OR	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50.00	0.00	50.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 02 / D 27 / Y 2018	M M / D D / Y 3/2/19	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7324**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 9.89	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 9.89
---------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred M 02 / D 27 / Y 2018	Date Due M M / D D / Y 3/2/19	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 9.89
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7325**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5.50	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5.50
---------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred M 02 / D 27 / Y 2018	Date Due M M / D D / Y 3/2/19	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	5.50
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7333  
**JO RAE PERKINS FOR US SENATE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item PERKINS, JO RAE, , ,		Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW		
City ALBANY	State OR	ZIP Code 97321
<input type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
360.00	0.00	360.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 03 / D 07 / Y 2018	M M / D D / Y 3/2/19	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	360.00
<b>TOTALS</b> This Period (last page in this line only) .....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7336

JO RAE PERKINS FOR US SENATE

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

PERKINS, JO RAE, , ,

Memo Item

Election: 2018

Primary

General

Other (specify) ▼

Mailing Address

1033 MAPLE ST SW

City

ALBANY

State

OR

ZIP Code

97321

Personal Funds of the Candidate

Original Amount of Loan

79.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

79.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 03 M

/ D 09 D

/ Y 2018 Y

M M

/ D D

/ Y 3/2/19 Y

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).....▶

79.00

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

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

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

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7338  
**JO RAE PERKINS FOR US SENATE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item PERKINS, JO RAE, , ,		Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW		<input type="checkbox"/> Personal Funds of the Candidate
City ALBANY	State OR	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
28.25	0.00	28.25

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 03 / D 23 / Y 2018	M M / D D / Y 3/2/19	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	28.25
<b>TOTALS</b> This Period (last page in this line only) .....▶	

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

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

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7340  
**JO RAE PERKINS FOR US SENATE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item PERKINS, JO RAE, , ,		Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW		<input type="checkbox"/> Personal Funds of the Candidate
City ALBANY	State OR	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
64.00	0.00	64.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 03 / D 24 / Y 2018	M M / D D / Y 3/2/19	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: <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"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	64.00
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text"/>

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7342**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 17.99	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 17.99
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 03 / D 24 / Y 2018	Date Due M M / D D / Y 3/2/19	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	17.99
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7437**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 62.75	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 62.75
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 04 / D 11 / Y 2018	Date Due M M / D D / Y 12/31/18	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	62.75
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7449**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 480.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 480.00
-----------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred M 04 / D 11 / Y 2018	Date Due M M / D D / Y 3/2/19	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	480.00
<b>TOTALS</b> This Period (last page in this line only).....▶	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7452**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 46.94	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 46.94
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M 04 / D 19 / Y 2018	Date Due M M / D D / Y 12/31/18	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	46.94
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) **JO RAE PERKINS FOR US SENATE** Transaction ID : **SC/10.7450**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PERKINS, JO RAE, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1033 MAPLE ST SW			
City ALBANY	State OR	ZIP Code 97321	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 912.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 912.00
-----------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred M 04 / D 25 / Y 2018	Date Due M M / D D / Y 3/2/19	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	912.00
<b>TOTALS</b> This Period (last page in this line only).....▶	5026.79

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

# SCHEDULE C-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) <b>JO RAE PERKINS FOR US SENATE</b>	Transaction ID : <b>SC/10.7449.SC1</b>	<b>FEC IDENTIFICATION NUMBER</b> C 00582635
--	--	--

<b>LENDING INSTITUTION (LENDER)</b> Full Name <b>Discover Card</b>	Amount of Loan 480.00	Interest Rate (APR) 0.00 %
Mailing Address PO Box 30421	Date Incurred or Established 04 / 11 / 2018	Date Due 3/2/19
City Salt Lake City	State OR	Zip Code 84130
Back Ref <b>SC/10.7449</b>		

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit,  
Amount of this Draw: 480.00 Total Outstanding Balance: 2769.80

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?  
0.00

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?  
0.00

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 PERKINS, JO RAE, , , Signature	DATE 12 / 30 / 2021
--	------------------------

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 PERKINS, JO RAE, , , Signature PERKINS, JO RAE, , ,	[Electronically Filed]	DATE 04 / 11 / 2018
Title Candidate		

# 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) <b>JO RAE PERKINS FOR US SENATE</b>	Transaction ID : <b>SC/10.7452.SC1</b>	<b>FEC IDENTIFICATION NUMBER</b> C C00582635
--	--	---

<b>LENDING INSTITUTION (LENDER)</b> Full Name <b>Amazon</b>	Amount of Loan 46.94	Interest Rate (APR) 0.00 %
Mailing Address 410 Terry Ave	Date Incurred or Established 04 / 19 / 2018	Date Due 12/31/18
City Seattle	State WA	Zip Code 98109
Back Ref <b>SC/10.7452</b>		

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit,  
Amount of this Draw: 46.94 Total Outstanding Balance: 46.94

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?  
0.00

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?  
0.00

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: \_\_\_\_\_  
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 PERKINS, JO RAE, , , Signature	DATE 12 / 30 / 2021
--	------------------------

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 PERKINS, JO RAE, , , Signature PERKINS, JO RAE, , ,	[Electronically Filed]	DATE 04 / 19 / 2018
Title Candidate		

# 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) <b>JO RAE PERKINS FOR US SENATE</b>	Transaction ID : <b>SC/10.7450.SC1</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00582635
--	--	---

LENDING INSTITUTION (LENDER) Full Name <b>Discover Card</b>	Amount of Loan <b>912.00</b>	Interest Rate (APR) <b>0.00</b> %
Mailing Address PO Box 30421	Date Incurred or Established <b>04 / 25 / 2018</b>	Date Due <b>3/2/19</b>
City Salt Lake City	State OR	Zip Code 84130

A. Has loan been restructured?  No  Yes      If yes, date originally incurred **04 / 25 / 2018**

B. If line of credit,  
Amount of this Draw: **912.00**      Total Outstanding Balance: **3681.80**

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? **0.00**

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? **0.00**

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

Date account established: **04 / 25 / 2018**      Location of account: \_\_\_\_\_  
Address: \_\_\_\_\_  
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 <b>PERKINS, JO RAE, , ,</b> Signature _____	DATE <b>12 / 30 / 2021</b>
---	-------------------------------

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 <b>PERKINS, JO RAE, , ,</b> Signature <b>PERKINS, JO RAE, , ,</b>	[Electronically Filed]	DATE <b>04 / 25 / 2018</b>
Title Candidate		