

**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 SENATOR

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 C00932558

3. IS THIS
REPORTNEW
(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

M M / D D / Y Y Y Y
05 19 2026in the
State of

OR

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 01 2026

through

M M / D D / Y Y Y Y
04 29 2026*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer

Perkins, Jo Rae, , ,

Signature of Treasurer

Perkins, Jo Rae, , ,

Date

M M / D D / Y Y Y Y
05 07 2026

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**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

JO RAE PERKINS FOR US SENATOR

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3527.10	4619.37
(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))	3527.10	4619.37
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11407.86	3559.78
(b) Total Offsets to Operating Expenditures (from Line 14).....	99.80	105.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	11308.06	3453.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	- 6493.99	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

JO RAE PERKINS FOR US SENATOR

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2026

To:

M M / D D / Y Y Y Y
04 / 29 / 2026**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

1321.15

2364.00

(ii) Unitemized

2205.95

2255.37

(iii) TOTAL of contributions
from individuals ▶

3527.10

4619.37

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

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

3527.10

4619.37

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

293.62

400.00

(b) All Other Loans.....

0.00

0.00

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

293.62

400.00

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

99.80

105.97

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

0.00

60.00

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

3920.52

5185.34

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11407.86	3559.78
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	293.62	400.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	293.62	400.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	11701.48	3959.78

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1286.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3920.52
25. SUBTOTAL (add Line 23 and Line 24).....	5207.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11701.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	- 6493.99

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 19

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

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NAME OF COMMITTEE (In Full)

JO RAE PERKINS FOR US SENATOR

Full Name (Last, First, Middle Initial)

Pahl, Toni, , ,

A.

Mailing Address 9081 Reno Hwy

City

Fallon

State

NV

Zip Code

89406

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

521.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 29 2026

Transaction ID : SA11AI.4363

Amount of Each Receipt this Period

521.15

☐ Memo Item
donation and merchant fee

Full Name (Last, First, Middle Initial)

Palmatier, Cynthia, , ,

B.

Mailing Address 5255 SE Lambert St

City

Portland

State

OR

Zip Code

97206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Contractor

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 26 2026

Transaction ID : SA11AI.4423

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Paulson, Patricia, , ,

C.

Mailing Address 16133 NWCanterwood Way

City

Portland

State

OR

Zip Code

97229

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 14 2026

Transaction ID : SA11AI.4402

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1321.15

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

1321.15

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 19

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

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NAME OF COMMITTEE (In Full)

JO RAE PERKINS FOR US SENATOR

Full Name (Last, First, Middle Initial)

Perkins, Jo Rae, , ,

A.

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
self

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

44.07

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2026

Transaction ID : SA13A.4342

Amount of Each Receipt this Period

44.07

☐ Memo Item
fuel paid from personal account

Full Name (Last, First, Middle Initial)

Perkins, Jo Rae, , ,

B.

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
self

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

112.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2026

Transaction ID : SA13A.4333

Amount of Each Receipt this Period

68.46

☐ Memo Item
fuel

Full Name (Last, First, Middle Initial)

Perkins, Jo Rae, , ,

C.

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
self

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

124.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2026

Transaction ID : SA13A.4334

Amount of Each Receipt this Period

12.00

☐ Memo Item
car wash

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

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

124.53

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)

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

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NAME OF COMMITTEE (In Full)

JO RAE PERKINS FOR US SENATOR

Full Name (Last, First, Middle Initial)

Perkins, Jo Rae, , ,

A.

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
self

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

134.58

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2026

Transaction ID : SA13A.4335

Amount of Each Receipt this Period

10.05

☐ Memo Item
charge Tesla

Full Name (Last, First, Middle Initial)

Perkins, Jo Rae, , ,

B.

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
self

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2026

Transaction ID : SA13A.4331

Amount of Each Receipt this Period

72.02

☐ Memo Item
fuel for vehicle

Full Name (Last, First, Middle Initial)

Perkins, Jo Rae, , ,

C.

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
self

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

221.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2026

Transaction ID : SA13A.4336

Amount of Each Receipt this Period

15.00

☐ Memo Item
car wash

97.07

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

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)

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

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NAME OF COMMITTEE (In Full)

JO RAE PERKINS FOR US SENATOR

Full Name (Last, First, Middle Initial)

Perkins, Jo Rae, , ,

A.

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
self

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

293.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2026

Transaction ID : SA13A.4440

Amount of Each Receipt this Period

72.02

☐ Memo Item

purchase of gas for van to pick up campaign signs

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

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

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

72.02

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

293.62

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

JO RAE PERKINS FOR US SENATOR

Full Name (Last, First, Middle Initial)

A. Bridgeview Press

Mailing Address PO Box 1250

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2026

City
Cave JunctionState
ORZip Code
97523

FEC Identification Number

C C00932558

Purpose of Disbursement
signs

004

Amount of Each Disbursement this Period

910.00

Transaction ID : SB17.4487

☐ Memo ItemCandidate Name
JO RAE PERKINS FOR US SENATORCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: OR District: 00

Full Name (Last, First, Middle Initial)

B. Courtesy Corner

Mailing Address 1515 Calapooia St SW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2026

City
AlbanyState
ORZip Code
97321

FEC Identification Number

C C00932558

Purpose of Disbursement
fuel

002

Amount of Each Disbursement this Period

89.65

Transaction ID : SB17.4473

☐ Memo ItemCandidate Name
JO RAE PERKINS FOR US SENATORCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: OR District: 00

Full Name (Last, First, Middle Initial)

C. Courtesy Corner

Mailing Address 1515 Calapooia St SW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2026

City
AlbanyState
ORZip Code
97321

FEC Identification Number

C C00932558

Purpose of Disbursement
fuel

002

Amount of Each Disbursement this Period

78.88

Transaction ID : SB17.4476

☐ Memo ItemCandidate Name
JO RAE PERKINS FOR US SENATORCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: OR District: 00

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

1078.53

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

JO RAE PERKINS FOR US SENATOR

Full Name (Last, First, Middle Initial)

A. Dorchester Conference

Mailing Address 4353 NW Tam O'Shanter Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2026

City
PortlandState
ORZip Code
97229

FEC Identification Number

C C00932558

Purpose of Disbursement
Conference

004

Amount of Each Disbursement this Period

321.59

Transaction ID : SB17.4467

☐ Memo ItemCandidate Name
JO RAE PERKINS FOR US SENATORCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR

District: 00

Full Name (Last, First, Middle Initial)

B. Dorchester Conference

Mailing Address 4353 NW Tam O'Shanter Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2026

City
PortlandState
ORZip Code
97229

FEC Identification Number

C C00932558

Purpose of Disbursement
Additional Guest Dinner Ticket

001

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.4484

☐ Memo ItemCandidate Name
JO RAE PERKINS FOR US SENATORCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR

District: 00

Full Name (Last, First, Middle Initial)

C. More Ink

Mailing Address 1105 Santiam Hwy SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2026

City
AlbanyState
ORZip Code
97322

FEC Identification Number

C C00932558

Purpose of Disbursement
printing

003

Amount of Each Disbursement this Period

8400.00

Transaction ID : SB17.4488

☐ Memo ItemCandidate Name
JO RAE PERKINS FOR US SENATORCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR

District: 00

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

8821.59

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

JO RAE PERKINS FOR US SENATOR

Full Name (Last, First, Middle Initial)

A. More Ink

Mailing Address 1105 Santiam Hwy SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2026

City
AlbanyState
ORZip Code
97322

FEC Identification Number

C C00932558

Purpose of Disbursement
donation envelopes

003

Amount of Each Disbursement this Period

65.00

Candidate Name
JO RAE PERKINS FOR US SENATORCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: OR

District: 00

Transaction ID : SB17.4475

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

65.00

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

9965.12

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

JO RAE PERKINS FOR US SENATOR

Full Name (Last, First, Middle Initial)

A. JO RAE PERKINS FOR US SENATOR

Mailing Address 1033 MAPLE ST SW

City
ALBANYState
ORZip Code
97321Purpose of Disbursement
repayment of fund loaned from personal account

002

Candidate Name
JO RAE PERKINS FOR US SENATORCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: OR District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2026

FEC Identification Number

C C00932558

Amount of Each Disbursement this Period

177.53

Transaction ID : SB19A.4337

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JO RAE PERKINS FOR US SENATOR

Mailing Address 1033 MAPLE ST SW

City
ALBANYState
ORZip Code
97321Purpose of Disbursement
repay loan to personal account for fuel paid from personal account

002

Candidate Name
JO RAE PERKINS FOR US SENATORCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: OR District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2026

FEC Identification Number

C C00932558

Amount of Each Disbursement this Period

44.07

Transaction ID : SB19A.4343

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JO RAE PERKINS FOR US SENATOR

Mailing Address 1033 MAPLE ST SW

City
ALBANYState
ORZip Code
97321Purpose of Disbursement
refund to personal account for loan

002

Candidate Name
Perkins, Jo Rae, , ,Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: OR District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2026

FEC Identification Number

C C00932558

Amount of Each Disbursement this Period

72.02

Transaction ID : SB19A.4442

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

293.62

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

293.62

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 13 OF 19

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4342

JO RAE PERKINS FOR US SENATOR

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Perkins, Jo Rae, , ,

Mailing Address

1033 Maple St SW

City

Albany

State

OR

ZIP Code

97321

☒ Personal Funds of the Candidate

Original Amount of Loan

44.07

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

44.07

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 09 / 2026

M M / D D / Y Y Y Y

04/20/2026

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).....▶

44.07

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

PAGE 14 OF 19

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4333

JO RAE PERKINS FOR US SENATOR

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Perkins, Jo Rae, , ,

Mailing Address

1033 Maple St SW

City

Albany

State

OR

ZIP Code

97321

☒ Personal Funds of the Candidate

Original Amount of Loan

68.46

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

68.46

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 10 2026

M M / D D / Y Y Y Y

4/20/26

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).....▶

68.46

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

PAGE 15 OF 19

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4334

JO RAE PERKINS FOR US SENATOR

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Perkins, Jo Rae, , ,

Mailing Address

1033 Maple St SW

City

Albany

State

OR

ZIP Code

97321

☒ Personal Funds of the Candidate

Original Amount of Loan

12.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 10 2026

M M / D D / Y Y Y Y

4/20/26

Y Y Y Y

% (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).....▶

12.00

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

PAGE 16 OF 19

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4335

JO RAE PERKINS FOR US SENATOR

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Perkins, Jo Rae, , ,

Mailing Address

1033 Maple St SW

City

Albany

State

OR

ZIP Code

97321

☒ Personal Funds of the Candidate

Original Amount of Loan

10.05

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10.05

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 14 / 2026

M M / D D / Y Y Y Y

04/20/26

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10.05

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

PAGE 17 OF 19

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4331

JO RAE PERKINS FOR US SENATOR

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Perkins, Jo Rae, , ,

Mailing Address

1033 Maple St SW

City

Albany

State

OR

ZIP Code

97321

☒ Personal Funds of the Candidate

Original Amount of Loan

72.02

Cumulative Payment To Date

221.60

Balance Outstanding at Close of This Period

- 149.58

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 18 / 2026

M M / D D / Y Y Y Y

4/20/26

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).....▶

- 149.58

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

PAGE 18 OF 19

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4336

JO RAE PERKINS FOR US SENATOR

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Perkins, Jo Rae, , ,

Mailing Address

1033 Maple St SW

City

Albany

State

OR

ZIP Code

97321

☒ Personal Funds of the Candidate

Original Amount of Loan

15.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 18 / 2026

M M / D D / Y Y Y Y

04/20/2026

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).....▶

15.00

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

PAGE 19 OF 19

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4440

JO RAE PERKINS FOR US SENATOR

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Perkins, Jo Rae, , ,

Mailing Address

1033 Maple St SW

City

Albany

State

OR

ZIP Code

97321

☒ Personal Funds of the Candidate

Original Amount of Loan

72.02

Cumulative Payment To Date

72.02

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 18 / 2026

M M / D D / Y Y Y Y

4/30/26

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).....▶

0.00

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

0.00

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