FEC FORM 3	AND DI	T OF REC SBURSEN Authorized Comm	MENTS		Offic	e Use Only
1. NAME OF COMMITTEE (in	full) USE FEC MAII OR TYPE OR I		ample:If typing, typ ver the lines	e		
ADDRESS (number a Check if diff than previou reported. (Ad	nd street)	097 				
C0035042	1	3. IS THIS REPORT	NEW (N)	OR X	AMENDED (A)	
July 15 Octobe		Election on	E-Election Report f Primary (12P) Convention (120 ST-Election Report General (30G)	C)	General (12G) Special (12S) Runoff (30R)	Runoff (12R) in the State of Special (30S) in the State of
5. Covering Period	01 17	2008	through	03	31	2008
I certify that I have exa Type or Print Name of	mined this Report and to the Treasurer Brian		e and belief it is tru	ie, correct and c	complete.	
Signature of Treasure	Electronically Filed by	Brian Kelly lete information may	subject the person	Date	0 6 port to the pena	0 6 2 0 0 8 Ities of 2 U.S.C 437g.
Office Use Only FE5AN018						FEC FORM 3 (Revised 02/2003)

mage	e# 28991250002		RY PAGE			
	FEC Form 3 (Revised 02/200	of Receipts and	Disbursements			Page 2
V	Vrite or Type Committee Name					
F	Friends of Tim Johnson					
R	Report Covering the Period: Fro	n: 01 0 1 7	Y Y Y Y 2008	To:	M M 0 3 3 1	Y Y Y Y 2008
			COLUMN A This Period		COLUMN E Election Cycle-to	
6.	Net Contributions (other than loans)			•		
	(a) Total Contributions (other than loans) (from Line 11	»))	48345.00			177548.50
	(b) Total Contribution Refunds (from Line 20(d))		0.00			1000.00
	(c) Net Contributions (other than los (subtract Line 6(b) from Line 6(a)		48345.00			176548.50
7.	Net Operating Expenditures					
	(a) Total Operating Expenditures (from Line 17)		9302.10			102069.25
	(b) Total Offsets to Operating Expenditures (from Line 14)		0.00			642.75
	(c) Net Operating Expenditures(subtract Line 7(b) from Line 7(a))	9302.10			101426.50
8.	Cash on Hand at Close of Reporting Period (from Line 27)		106759.16			
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)		5206.74			

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

FE5AN018

FEC Form 3 (Revised 12/2003)	of Receipts		Page 3
Write or Type Committee Name Friends of Tim Johnson			
	0 1 D D Y Y Y Y 0 1 1 7 2 0 0 8	To:	M M D D J Y Y Y 0 3 3 1 2 0 0 3
I. RECEIPTS	COLUMN A Total This Period		COLUMN B Election Cycle-to-Date
1. CONTRIBUTIONS (other than loans) FROM:			
 (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) 	9700.00		36279.04
	25570.00		36450.00
(ii) Unitemized(iii) TOTAL of contributionsfrom individuals	35270.00		72729.04
(b) Political Party Committees	0.00		350.00
(c) Other Political Committees (such as PACS)	13075.00		104469.46
(d) The Candidate (e) TOTAL CONTRIBUTIONS	0.00		0.00
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	48345.00		177548.50
2. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00		0.00
3. LOANS			
(a) Made or Guaranteed by the Candidate	0.00		0.00
	0.00		0.00
 (b) All Other Loans (c) TOTAL LOANS (add Lines 13(a) and (b)) 	0.00		0.00
4. OFFSETS TO OPERATING EXPENDITURES	0.00		642.75
(Refunds, Rebates, etc.)	0.00		0.2.70
5. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00		0.00
6. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)	48345.00		178191.25

Image# 28991250004

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 9302.10 102069.25 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 9.92 64373.54 by the Candidate..... 0.00 0.00 (b) Of all Other Loans..... (c) TOTAL LOAN REPAYMENTS 9.92 64373.54 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other 0.00 0.00 Than Political Committees..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 1000.00 0.00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 1000.00 (add Lines 20(a), (b), and (c))..... 0.00 250.00 21. OTHER DISBURSEMENTS..... 22. TOTAL DISBURSEMENTS 9312.02 167692.79 (add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	67726.18
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	48345.00
25.	SUBTOTAL (add Line 23 and Line 24)	116071.18
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	9312.02
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	106759.16

FE5AN018

	Reports and Statements may		FOR LINE NUMBER: PAGE 5/31 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 15 on for the purpose of soliciting contributions osolicit contributions from such committee. 10 10
NAME OF COMMITTEE (In F Friends of Tim Johnson	ull)		
A. Full Name (Last, First, Middle American Hospital Association P. Mailing Address 325 Sever	AC		Date of Receipt
			03 25 2008
City	State	Zip Code	Transaction ID: 80413.C7744
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00	0106146	1000.00
Name of Employer	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 Primary X Other (specify) ▼		ycle-to-Date ▼ 2000.00	Spending (2 0.3.0. 44 ra(i)/44 ra-r)
Full Name (Last, First, Middle Applied Materials Inc. PAC (AMP			Date of Receipt
Mailing Address 1611 Duk	e St		M M / D D / Y Y Y Y 02 29 2008
City	State	Zip Code	Transaction ID: 80413.C7747
Alexandria	VA	22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00	0406892	1000.00
Name of Employer	Occupation	1	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 Primary X Other (specify) ▼		ycle-to-Date ▼ 1000.00	
Full Name (Last, First, Middle) AVMA PAC	Initial)		Date of Receipt
Mailing Address 1910 Sund	derland Place NW		M M / D D / Y Y Y Y 0 3 25 2008
City	State	Zip Code	Transaction ID: 80413.C7746
Washington	DC	20036-1642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00)114132	1000.00
Name of Employer	Occupation		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 Primary X Generation Other (specify)		ycle-to-Date ▼ 1000.00	Spending (2 0.3.0. 4418(I)/4418-1)
SUBTOTAL of Receipts This Pa	age (optional)		3000.00
TOTAL This Period (last page th			

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 31 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 1 son for the purpose of soliciting contributions
or for commercial purposes, other that NAME OF COMMITTEE (In Full) Friends of Tim Johnson	n using the name and address of any political committee t	to solicit contributions from such committee.
Full Name (Last, First, Middle Initia Engineers Political Education Comm Mailing Address 1125 Sevente	ittee	
City Washington	State Zip Code DC 20036	0 22 92 0 0 8Transaction ID:80413.C7751Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00029504	2500.00
Name of Employer Receipt For: 2008 Primary X General Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 7500.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initia Illinois Pork PAC Mailing Address 6411 South 6 Frontage Roa	th Street	Date of Receipt
City Springfield	State Zip Code	Transaction ID: 80413.C7749
FEC ID number of contributing federal political committee.	C C00175976	Amount of Each Receipt this Period 175.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 Primary X Other (specify) ▼	Election Cycle-to-Date 175.00	
Full Name (Last, First, Middle Initia Nat. Assoc. of Retired Fed. Employed Mailing Address (NARFE) 606 N Washi) 35	Date of Receipt
City Alexandria	State Zip Code VA 22314	Transaction ID: 80413.C8152 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00091561	
Name of Employer	Occupation	Receipt
Receipt For: 2008 Primary X Other (specify)	Election Cycle-to-Date V 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
		3675.00

Π	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	Statements may not be sold or used by any pe	FOR LINE NUMBER: PAGE 7/31 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 11 rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) P Friends of Tim Johnson	e name and address of any political committee	to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) National Air Traffic Controllers Assn. Mailing Address 1325 Massachusettes	s Avenue NW	Date of Receipt
		-	03 25 2008
	City Washington	State Zip Code DC 20005	Transaction ID: 80413.C7745
	FEC ID number of contributing federal political committee.	C C00238725	Amount of Each Receipt this Period 1500.00
	Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's
	Receipt For: 2008 Primary X General Other (specify)	Election Cycle-to-Date 5000.00	Spending (2 U.S.C. 441a(i)/441a-1)
	Full Name (Last, First, Middle Initial) NEA PAC Mailing Address 1201 16th Street, N.V	V., Suite 421	Date of Receipt
	City	State Zip Code	Transaction ID: 80413.C7756
	Washington	DC 20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00003251	1000.00
	Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 Primary X General Other (specify) ▼	Election Cycle-to-Date 1000.00	
	Full Name (Last, First, Middle Initial) Tuesday Group PAC		Date of Receipt
	Mailing Address P O Box 40385		03 31 YYYY 03 31 2008
	City	State Zip Code	Transaction ID: 80413.C7574
	Washington	DC 20016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00433060	2500.00
	Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's
	Receipt For: 2008 Primary X Other (specify)	Election Cycle-to-Date 7500.00	Spending (2 U.S.C. 441a(ii//441a-1)
	UBTOTAL of Receipts This Page (optional)	1	5000.00

ľ	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Tim Johnson	statements may a name and add	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers dress of any political committee to	FOR LINE NUMBER: PAGE 8/31 (check only one) 11a 11a 11b 11c 12 13a 13b 14 15 on for the purpose of soliciting contributions so solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) United Political Action Committee Mailing Address 655 Deerfield Road Suite 100 City Deerfield	State	Zip Code 60015-3241	Date of Receipt 0 3 / 0 1 / 2 0 0 8 Transaction ID: 80413.C7573 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2008 Primary X General Other (specify) ▼	Occupation	0152280 n Sycle-to-Date ▼ 400.00	400.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) Zeneca Inc. PAC (AZ PAC) Mailing Address 1800 Concord Pike PO Box 15438 City Wilmington FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2008 Primary X General Other (specify) ▼	Occupation	Zip Code 19850-5438 0279455 n cycle-to-Date V 1000.00	Date of Receipt M M / D D / Y Y Y Y 0 2 2 9 / 2 0 0 8 Transaction ID: 80413.C7753 Amount of Each Receipt this Period 1000.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	►	1400.00
TOTAL This Period (last page this line number only)	►	13075.00

IT	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 31 (check only one) Image: Check only one) X 11a 11b 11c 11d 12 13a 13b 14 Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only only one) Image: Check only only only only only only only only
or f	NAME OF COMMITTEE (In Full) Friends of Tim Johnson	he name and addres	ss of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Sharon Andrae Mailing Address 404 Beringer Circle			Date of Receipt
	City	State	Zip Code	Transaction ID: 80413.C7880
	Urbana	IL	61802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Motorcyle E		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 Primary X General Other (specify)	Election Cycl	le-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Robert Arrol Mailing Address 239 South Ridge	_		Date of Receipt
		Chata	Zia Oada	02 29 2008
	City Arcola	State IL	Zip Code 61910	Transaction ID: 80413.C7755
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Self-employed Receipt For: 2008	Occupation Physician Election Cyc	le-to-Date	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼		100.00]
	Full Name (Last, First, Middle Initial) Robert Arrol			Date of Receipt
	Mailing Address 239 South Ridge			M M / D D / Y Y Y Y 03 / 25 / 2008
	City	State II	Zip Code	Transaction ID: 80413.C8141
	Arcola FEC ID number of contributing federal political committee.	C	61910	Amount of Each Receipt this Period
	Name of Employer Self-employed	Occupation Physician		Receipt Limit Increased Due to Opponent's Constraints (2014) 2.0 (411-4)
	Receipt For: 2008 Primary X General Other (specify) ▼	Election Cycl	e-to-Date ▼ 225.00	Spending (2 U.S.C. 441a(i)/441a-1)
61	JBTOTAL of Receipts This Page (optional).			725.00

I	SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS Any information copied from such Reports and a or for commercial purposes, other than using th	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso dress of any political committee to	FOR LINE NUMBER: PAGE 10 / 31 (check only one) (check only one) X 11a 11b 11c 11d 12 13a 13b 14 15 on for the purpose of soliciting contributions osolicit contributions from such committee. 10 10
	NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
A.	Full Name (Last, First, Middle Initial) Clint Atkins Mailing Address 2805 Boulder Drive			Date of Receipt
	City	State	Zip Code	Transaction ID: 80413.C7580
	<u>Urbana</u>	IL	61802-6988	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer The Atkins Group	Occupatio Owner		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 Primary X Other (specify)	Election C	Cycle-to-Date ▼ 500.00	Spending (2 0.3.0. 44 ra(1)/44 ra-1)
- В.	Full Name (Last, First, Middle Initial) John Blair			Date of Receipt
	Mailing Address 4 Waters Edge			03 / 25 / Y Y Y 2008
	City	State	Zip Code	Transaction ID: 80413.C7878
	Paris		61944	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Fentz Contractors, Inc	Occupatio Civil Eng		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 Primary X General	Election C	Cycle-to-Date ▼	Spending (2 0.3.0. 44 ra(i)/44 ra-1)
	Primary X General Other (specify) Image: Content of the specify of the specific of the specifi	0 0	500.00	
– C.	Full Name (Last, First, Middle Initial) Byron & Shirley Boddy			Date of Receipt
	Mailing Address RR 2 Box 167			M M / D D Y
	City	State	Zip Code	Transaction ID: 80413.C8018
	Lovington	IL	61937	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 Receipt
	Name of Employer Self- Employed	Occupatio Homema		Limit Increased Due to Opponent's
	Receipt For: 2008 Primary General X Other (specify) ▼ Primary	Election C	Cycle-to-Date ▼ 250.00	Spending (2 U.S.C. 441a(i)/441a-1)
Γ	SUBTOTAL of Receipts This Page (optional) .		······	1250.00
F	TOTAL This Period (last page this line numbe			

Π	CHEDULE A (FEC Form 3 EMIZED RECEIPTS	d Statements may not be sold or used by any per	FOR LINE NUMBER: PAGE 11 / 31 (check only one) (check only one) X 11a 11b 11c 11d 12 13a 13b 14 1 son for the purpose of soliciting contributions 11 11 11
	NAME OF COMMITTEE (In Full) Friends of Tim Johnson	the name and address of any political committee	to solicit contributions from such committee.
<u>لا</u> م.	Full Name (Last, First, Middle Initial) Paul Bretz		Date of Receipt
	Mailing Address 1675 E County Rd 1	150 N	03 / 25 / Y Y Y Y 2008
	City	State Zip Code	Transaction ID: 80413.C7872
	Villa Grove	IL 61956	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	Receipt
	retired	Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election Cycle-to-Date	Spending (2 0.3.0. 441a(1)/441a-1)
	Primary X General Other (specify) ▼	250.00	
. —	Full Name (Last, First, Middle Initial) Les Busboom		Date of Receipt
	Mailing Address 506 East Main		03 / ^D D / ^Y Y Y Y 25 2008
	City	State Zip Code	Transaction ID: 80413.C7873
	Royal	IL 61871	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer United Feeds, Inc.	Occupation Grain Elevator Manager	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 Primary X Other (specify) ▼	Election Cycle-to-Date 250.00	
	Full Name (Last, First, Middle Initial) David Eades		Date of Receipt
	Mailing Address 1701 Broadmoor Dr Suite 200	ive	M M / D D / Y Y Y Y 03 25 2008
	City	State Zip Code	Transaction ID: 80413.C7879
	<u>Champaign</u>	IL 61821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self- Employed	Occupation Orthopterist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 Primary X General	Election Cycle-to-Date	Spending (2 0.3.0. 441a(1)/441a-1)
	Other (specify) ▼	500.00	
Γ	SUBTOTAL of Receipts This Page (optional	I	1000.00

or for commercial purposes, other than using	Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any perso the name and address of any political committee to	FOR LINE NUMBER: PAGE 12/31 (check only one) 11a X 11a 11b 11c 11d 12 13a 13b 14 15 n for the purpose of soliciting contributions solicit contributions from such committee. 12 13 13
NAME OF COMMITTEE (In Full) Friends of Tim Johnson		
A. Full Name (Last, First, Middle Initial) Duane & Bev Ehler Mailing Address PO Box 97 City Thomasboro FEC ID number of contributing federal political committee. Name of Employer Self	State Zip Code IL 61878 C Occupation Farmer	Date of Receipt 0 3 / 2 5 / 2 0 0 8 Transaction ID: 80413.C7877 Amount of Each Receipt this Period 500.00 Receipt Limit Increased Due to Opponent's Constant of US C 4416(0)4446(1)
Receipt For: 2008 Primary X Other (specify)	Election Cycle-to-Date 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial)James FinneganMailing Address201 Imperial Dr.		Date of Receipt
City	State Zip Code	Transaction ID: 80413.C8137
Bloomington FEC ID number of contributing federal political committee.	IL 61701	Amount of Each Receipt this Period 75.00
Name of Employer State Farm Receipt For: 2008 Primary X General Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 325.00	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) Bob Frederick Mailing Address 129 West Main Street	eet	Date of Receipt
City	State Zip Code	0 3 3 1 2 0 0 8 Transaction ID: 80413.C7577
Urbana FEC ID number of contributing federal political committee.	IL 61801	Amount of Each Receipt this Period 500.00
Name of Employer Frederick & Hagle Receipt For: 2008 Primary X General Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 500.00	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optiona	L)	1075.00
	ber only)	

Π	CHEDULE A (FEC Form 3 EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13/31 (check only one) X X 11a 11b 11c 11d 12 13a 13b 14 1 on for the purpose of soliciting contributions colicit contributions colicit contributions
	NAME OF COMMITTEE (In Full) Friends of Tim Johnson		
	Full Name (Last, First, Middle Initial) June Goodwine Mailing Address 1110 W. Clark		Date of Receipt
	City	State Zip Code	Transaction ID: 80413.C7869
	Champaign	IL 61821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self	Occupation Farmer	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 Primary X Other (specify)	Election Cycle-to-Date 250.00	Spending (2 0.3.0. 44 (a))/44 (a-1)
	Full Name (Last, First, Middle Initial) Don Gordon Mailing Address 3 Sycamore		Date of Receipt
	City	State Zip Code	0 3 3 1 2 0 0 8 Transaction ID: 80413.C7625
	Clinton	IL 61727	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		75.00
	Name of Employer Self- Employed	Occupation Optometrist	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 Primary X Other (specify)	Election Cycle-to-Date 325.00	
	Full Name (Last, First, Middle Initial) Julia Greene		Date of Receipt
	Mailing Address 420 S. Charter		03 / 25 / Y Y Y Y 03 / 25 / 2008
	City Monticello	State Zip Code IL 61856	Transaction ID: 80413.C7875
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer Information Requested	Occupation Information Requested	Limit Increased Due to Opponent's
	Receipt For: 2008 Primary X Other (specify)	Election Cycle-to-Date 250.00	Spending (2 U.S.C. 441a(i)/441a-1)
	UBTOTAL of Receipts This Page (optional)	······	575.00

Π	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 14/31 (check only one) (check only one) X 11a 11b 11c 11d 12 13a 13b 14 15 on for the purpose of soliciting contributions contributions from cube committee 12 13 13
	NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
A.	Full Name (Last, First, Middle Initial) Bill & Kathryn Hammer Mailing Address RR 2, Box 36			Date of Receipt
	City	State	Zip Code	0 3 3 1 2 0 0 8 Transaction ID: 80413.C7660
	Farmer City	IL	61842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Farmer		 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 Primary X Other (specify)	Election C	Cycle-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Kenneth Harrison Mailing Address 10488 W. 131st St.			Date of Receipt
	City	State	Zip Code	0 2 2 9 2 0 0 8 Transaction ID: 80413.C7748
	Shawnee Mission	KS	66213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Information Requested		on Requested	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 Primary X Other (specify)		Cycle-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Craig Hays			Date of Receipt
	Mailing Address 28 Greencroft Drive			M M / D D / Y
	City	State II	Zip Code	Transaction ID: 80413.C7876
	Champaign FEC ID number of contributing federal political committee.	C	61821	Amount of Each Receipt this Period
	Name of Employer C-U News Agency	Occupation Newspap	n ber Distributor	Receipt Limit Increased Due to Opponent's Limit Increased Due to Opponent's
	Receipt For: 2008 Primary X General Other (specify) ▼	Election C	Cycle-to-Date ▼ 250.00	Spending (2 U.S.C. 441a(i)/441a-1)
Γ				1000.00

IT	CHEDULE A (FEC Form 3 EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/31 (check only one)
or	ny information copied from such Reports and for commercial purposes, other than using t NAME OF COMMITTEE (In Full) Friends of Tim Johnson	the name and add	r not be sold or used by any persident of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>لا</u> ۹.	Full Name (Last, First, Middle Initial) John & Barbara Hecker Mailing Address 202 South McKinley	Avenue		Date of Receipt
	City	State	Zip Code	Transaction ID: 80413.C7581
	Champaign FEC ID number of contributing federal political committee.	C	61821	Amount of Each Receipt this Period
	Name of Employer Stipes Publishing Receipt For: 2008 Primary X General Other (specify) ▼	Occupation Owner Election C	n sycle-to-Date ▼ 500.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) Andy & Patsy Hocking Mailing Address PO Box 162			Date of Receipt
	City	State	Zip Code	Transaction ID: 80413.C7870
	Mount Carmel	IL	62863	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hocking Oil	Occupation Owner		 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 Primary X Other (specify)	Election C	zycle-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dave Kuhl Mailing Address 101 Greencroft Drive	e		
	City	State	Zip Code	0 3 2 5 2 0 0 8 Transaction ID: 80413.C7881
	Champaign	IL	61821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Busey Bank	Occupation Banker		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 Primary X Other (specify)	Election C	eycle-to-Date ▼ 1000.00	
	UBTOTAL of Receipts This Page (optional)	\ \		1750.00

Π	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/31 (check only one) X X 11a 11b 11c 11d 12 13a 13b 14 14
or	NAME OF COMMITTEE (In Full) Friends of Tim Johnson	he name and add	ress of any political committee to	o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) James Leonard Mailing Address 1606 E. Golf Drive			Date of Receipt
	City	State	Zip Code	Transaction ID: 80413.C7578
	Mahomet	IL	61853	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Carle Clinic Receipt For: 2008 Primary X General Other (specify) ▼	Occupation Physician Election Cy		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Full Name (Last, First, Middle Initial) China Ibsen Oughton Mailing Address 404 Old Morris Road			Date of Receipt
	City	State	Zip Code	Transaction ID: 80413.C7587
	Dwight	IL	60420-1084	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer retired	Occupation Retired		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 Primary X Other (specify)	Election Cy	ycle-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Anna Wall Scott			Date of Receipt
	Mailing Address 309 West Michigan			M M M / D D Y Y Y Y 03 / 25 2008
	City	State II	Zip Code	Transaction ID: 80413.C7803
	Urbana FEC ID number of contributing federal political committee.	C	61801	Amount of Each Receipt this Period 75.00
	Name of Employer Parkland College	Occupation Professor		Receipt Limit Increased Due to Opponent's
	Receipt For: 2008 Primary X General Other (specify) ▼	Election Cy	ycle-to-Date ▼ 575.00	Spending (2 U.S.C. 441a(i)/441a-1)
	UBTOTAL of Receipts This Page (optional) .			825.00

	SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 17/31 (check only one) I1a X 11a 12 13a 13b 14 15 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Friends of Tim Johnson	e name and address of any political committee to	solicit contributions from such committee.
۷ A.	Full Name (Last, First, Middle Initial) Lois Simms-Voorhees Mailing Address 1108 North Argus		Date of Receipt
	City	State Zip Code	Transaction ID: 80413.C7871
	Robinson	IL 62454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Information Requested Receipt For: 2008	Occupation Information Requested Election Cycle-to-Date ▼	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) \P	250.00]
В.	Full Name (Last, First, Middle Initial) Michael & Mary Stalter Mailing Address 324 Chestnut		Date of Receipt
	City	State Zip Code	
	Pontiac	IL 61764	Transaction ID: 80413.C7874 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Information Requested Receipt For: 2008 Primary X General	Occupation Information Requested Election Cycle-to-Date ▼	 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Other (specify) \bigtriangledown	250.00	
с.	Full Name (Last, First, Middle Initial) Murray Wise Mailing Address 4309 Crayton Road		Date of Receipt
	City	State Zip Code	Transaction ID: 80413.C7742
	Naples	FL 34103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00 Receipt
	Name of Employer Westchester Group	Occupation Company president	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008 Primary X Other (specify)	Election Cycle-to-Date 1000.00	
ſ	SUBTOTAL of Receipts This Page (optional)	· ······	1500.00
F	TOTAL This Period (last page this line number	only)	9700.00

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE I (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(17 18 19a 19b 20a 20b 20c 21
ny Information copied from such Reports and Staten for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
Full Name (Last, First, Middle Initial) Results Plus Consulting, Inc.			Transaction ID: 80413.E2810 Date of Disbursement
Mailing Address PO Box 17452			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix} $
City Urbana	State Zip Code IL 61803-		Amount of Each Disbursement this Perio
Purpose of Disbursement Consulting Candidate Name		001 Category/ Type	2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼	Турс	CONSULTING
Full Name (Last, First, Middle Initial) Results Plus Consulting, Inc.			Transaction ID: 80413.E2815 Date of Disbursement
Mailing Address PO Box 17452			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City Urbana	State Zip Code IL 61803-		Amount of Each Disbursement this Peric
Purpose of Disbursement Consulting Candidate Name		001 Category/	2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) V	Туре	CONSULTING
Full Name (Last, First, Middle Initial) Abbotts Florists			Transaction ID: 80413.E2819 Date of Disbursement
Mailing Address PO Box 1561			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 6 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City Champaign	State Zip Code IL 61824-		Amount of Each Disbursement this Perio
Purpose of Disbursement Supplies	Γ	001	56.00 Refund or Disposal of Excess
Candidate Name	C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		SUPPLIES
SUBTOTAL of Disbursements This Page (optional)		►	4056.00
TOTAL 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 (check only	
Any Information copied from such Reports and Staten	, ,		20a 20b 20c 21
or for commercial purposes, other than using the nam			
Friends of Tim Johnson			
Full Name (Last, First, Middle Initial) Abbotts Florists			Transaction ID: 80413.E2831 Date of Disbursement
Mailing Address PO Box 1561			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} $
City Champaign	State Zip Code IL 61824-		Amount of Each Disbursement this Perio
Purpose of Disbursement	Г		71.60
Supplies Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify) ▼		SUPPLIES
State: District:			
Full Name (Last, First, Middle Initial) AmerenIP			Transaction ID: 80413.E2805 Date of Disbursement
Mailing Address P.O. Box 511			$ \begin{array}{c} \stackrel{\text{M}}{\overset{\text{M}}{}} \stackrel{\text{M}}{\overset{\text{M}}{}} \\ \begin{array}{c} 0 \\ 1 \end{array} \end{array} \right) \left(\begin{array}{c} \stackrel{\text{D}}{} 2 \\ 2 \\ 3 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 0 \\ 8 \end{array} \right) \left(\begin{array}{c} \stackrel{\text{Y}}{} 2 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\$
City Decatur	State Zip Code IL 62525-		Amount of Each Disbursement this Perio
Purpose of Disbursement Utilities	[001	19.46 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		UTILITIES
Full Name (Last, First, Middle Initial) AmerenIP			Transaction ID: 80413.E2820 Date of Disbursement
Mailing Address P.O. Box 511			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 6 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City Decatur	State Zip Code IL 62525-		Amount of Each Disbursement this Perio
Purpose of Disbursement Utilities	Г	001	120.95 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		UTILITIES
State: District:	_		
SUBTOTAL of Disbursements This Page (optional)		····· Þ	212.01
TOTAL This Period (last page this line number only))	►	
E5AN018			FEC Schedule B (Form 3) (Revised

Detailed Summary Page X 17 18 199 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solelitating combusions for committed in solicit committee to solicit co	SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	one)
r 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) Findeds of Tim Johnson Full Name (Last, First, Middle Initial) AmerenIP Aniling Address P.O. Box 511 City State Zip Code Decatur IL 62525 Purpose of Disbursement Unities Candidate Name Office Sought: House Disbursement For: Purpose of Disbursement Mailing Address PO Box 105306 City State Zip Code AT&T Mailing Address PO Box 105306 City State Disbursement Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 105306 City State Disbursement Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 105306 City State Disbursement Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 105306 City State Disbursement Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 105306 City State Disbursement Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 105306 City State Disbursement Mailing Address PO Box 105306 City Cite State Disbursement Mailing Address PO Box 105306 City Cite State Disbursement Mailing Address PO Box 105306 City Cite State Disbursement Mailing Address PO Box 105306 City Cite State Disbursement Mailing Address PO Box 105306 City Cite State Disbursement Mailing Address PO Box 105306 Cite State Disbursement Mailing Address PO Box		Detailed Summary Page		20a 20b 20c 21
NAME OF COMMITTEE (In Full) Friends of Tim Johnson Full Name (Last, First, Middle Initial) AmerenIP Mailing Address P.O. Box 511 City State Zip Code Candidate Name 001 Catagory/ Purpose of Disbursement 297.03 Utitices 001 Catagory/ Candidate Name 001 Catagory/ Office Sought: House Disbursement For: 297.03 Purpose of Disbursement District: 297.03 Returd or Disposal of Excess Contributions Required Under 1 CF.P.A. 400.53 Contributions Required Under Title State: District: Primary General UTILITIES Attart GA 30348-5306 Amount of Each Disbursement the Perio Purpose of Disbursement GA 30348-5306 Amount of Each Disbursement this Perio Office Sought: House Disbursement For: Other (specify) ▼ PHONE SERVICE Office Sought: House Disbursement For: Other (specify) ▼ PHONE SERVICE Office Sought: House Disbursement For:				
AmerenIP Date of Dobumement Date of Dobumement Mailing Address P.O. Box 511 Distreament Distreament City State Zip Code Amount of Each Disbursement this Period Candidate Name Ooti Category Type Office Sought: House Disbursement For: Other (spoofly) ▼ Full Name (Last, First, Middle Initial) AT&T Transaction ID: 80413.E2822 Affa T Distoursement Distreament Mailing Address PO Box 105306 Amount of Each Disbursement for: Purpose of Disbursement Distoursement for: Disbursement for: Purpose of Disbursement Disbursement for: Other (speofly) ▼ Purpose of Disbursement Disbursement for: Disbursement for: Purpose of Disbursement Disbursement for: Primary President Disbursement for: Primary Purpose of Disbursement Other (speofly) ▼ PHONE SERVICE Full Name (Last, First, Middle Initial) AT&T Transaction ID: 80413.E2828 Cardidate Name Disbursement for: Other (speofly) ▼ Full Name (Last, First, Middle Initial) AT&T <td>NAME OF COMMITTEE (In Full)</td> <td></td> <td></td> <td></td>	NAME OF COMMITTEE (In Full)			
City State Zip Code Purpose of Disbursement 001 Cadidate Name 001 Citice Sought: House Senate President City State Office Sought: House Disbursement Disbursement For: Other (specify) Interview Full Name (Last, First, Middle Initial) Transaction ID: 80413.E2822 Atta: Disbursement Mailing Address PO Box 105306 City State Atta: Disbursement For: Drate of Disbursement Disbursement President GA State: Disbursement For: Phone Service O01 Candidate Name O11 Cardidate Name Disbursement For: Office Sought: House Disbursement Disbursement For: Office Sought: Disbursement For: District: Disbursement For: Other (specify) Transaction ID: 80413.E2828 Date of Disbursement Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE				
Decatur IL 62525- 297.03 Purpose of Disbursement 001 Category/ Type Refund or Disposal of Excess Candidate Name 297.03 Office Sought: House Disbursement For: 01 Category/ Type UTILITIES Office Sought: District: District: UTILITIES UTILITIES State: District: Transaction ID: 80413.E2822 Date of Disbursement Mailing Address PO Box 105306 001 Category/ Type Transaction ID: 80413.E2822 City Atta T GA 30348-5306 Amount of Each Disbursement this Perio Phone Service 001 Category/ Type Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: 001 Category/ Type PHONE SERVICE Full Name (Last, First, Middle Initial) Atta Transaction ID: 80413.E2828 Date of Disbursement Atta: District: Disbursement For: President Office Sought: Amount of Each Disbursement Full Name (Last, First, Middle Initial) Atta: Transaction ID: 80413.E2828 Date of Disbursement	Mailing Address P.O. Box 511			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 5 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
Initial 001 Category/ Type Category/ Type Office Sought: House Senate Disbursement For: President Office Sought: Full Name (Last, First, Middle Initial) AT&T Transaction ID: 80413.E2822 Date of Disbursement Mailing Address PO Box 105306 Amount of Each Disbursement this Perio Category/ Type City Atlanta GA Purpose of Disbursement O01 Category/ Type Category/ Category/ Type Office Sought: House President Disbursement For: President Office Sought: House President Disbursement For: President Office Sought: House President Disbursement For: President Mailing Address PO Box 105306 Phone Service City At&T Transaction ID: 80413.E2828 Date of Disbursement Primary General O11 Category/ Type Office Sought: House President Disbursement For: Primary General Office Sought: House President Disbursement For: Primary General Office Sought: House President Disbursement For: Primary Office Sought: President Amount of Each Disbursement this Perio Category/ Type				
Office Sought: House President Disbursement For: Primary Other (specify) ▼ UTILITIES Full Name (Last, First, Middle Initial) AT&T Transaction ID: 80413.E2822 Date of Disbursement Transaction ID: 80413.E2822 Date of Disbursement Mailing Address PO Box 105306 Image: Control of Control of Category/ Type Image: Control of Category/ Type Office Sought: House Senate Disbursement For: President 001 Category/ Type Office Sought: House President Disbursement For: Primary 001 Category/ Type Office Sought: House President Disbursement For: Primary 001 Category/ Type Office Sought: House President Disbursement For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) AT&T Transaction ID: 80413.E2828 Date of Disbursement AT&T Mailing Address PO Box 105306 City Atlanta GA 30348-5306 Purpose of Disbursement 001 Category/ Type Amount of Each Disbursement this Perio Purpose of Disbursement 001 Category/ Type Amount of Each Disbursement there: President Office Sought: House Senate Disbursement For: Primary Contributions Required Under Phone Service Office Sought:	Utilities		Category/	Refund or Disposal of Excess Contributions Required Under
AT&T Date of Disbursement Mailing Address PO Box 105306 City State Zip Code Attanta GA 30348-5306 Purpose of Disbursement 001 Phone Service 001 Candidate Name 001 Office Sought: House Disbursement Disbursement For: President Other (specify) Full Name (Last, First, Middle Initial) Transaction ID: 80413,E2828 Date of Disbursement 14.95 Phone Service 001 Cate of Disbursement 14.95 Phone Service 001 Candidate Name 0101 City State Zip Code Atlanta GA 30348-5306 Purpose of Disbursement 010 Y 2 0 0 8 Atlanta GA 30348-5306 Purpose of Disbursement 01 Y 2 0 0 8 Phone Service 001 Cantiputions Required Under Candidate Name Disbursement For: 01 President Disbursement For: 01 President	Senate President	Primary General	Туре	
Mailing Address PO Box 105306 City State Zip Code Atlanta GA 30348-5306 Purpose of Disbursement 001 Phone Service 001 Cardidate Name 001 Office Sought: House Senate President President Other (specify) Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 105306 City State Atlanta GA Mailing Address PO Box 105306 City State Atlanta GA Mailing Address PO Box 105306 City State Zip Code Atlanta GA 30348-5306 Purpose of Disbursement O01 Phone Service 001 Cardidate Name Disbursement For: Office Sought: House Senate President Office Sought: House Senate President Office Sought: House Senate				Date of Disbursement
Atlanta GA 30348-5306 Purpose of Disbursement 001 Refund or Disposal of Excess Candidate Name 001 Category/ Office Sought: House Disbursement For: Other (specify) State: District: Other (specify) Primary General Full Name (Last, First, Middle Initial) AT&T Transaction ID: 80413.E2828 Date of Disbursement Mailing Address PO Box 105306 001 (X ≥ 0 0 8) Amount of Each Disbursement this Perio City State Zip Code Atlanta GA 30348-5306 Purpose of Disbursement O01 (X ≥ 0 0 8) (X ≥ 0 0 8) (X ≥ 0 0 8) City State Zip Code Amount of Each Disbursement this Perio 14.95 Phone Service O01 Category/ Type 11 C.F.R. 400.53 PHONE SERVICE Office Sought: House Disbursement For: 001 Prosident 14.95 Office Sought: House Disbursement For: 001 Category/ 11 C.F.R. 400.53 Office Sought: House Senate Other (specify)	Mailing Address PO Box 105306			
Phone Service 001 Candidate Name 001 Cardidate Name Bisbursement For: President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Transaction ID: 80413.E2828 AT&T Transaction ID: 80413.E2828 Mailing Address PO Box 105306 City State Zip Code Atlanta GA 30348-5306 Purpose of Disbursement 001 Category' Phone Service 001 Category' Candidate Name Disbursement For: 001 President Disbursement For: 001 Category'/ Type PHONE SERVICE Office Sought: House Disbursement For: Primary Office Sought: House Disbursement For: PHONE SERVICE <t< td=""><td></td><td></td><td></td><td></td></t<>				
Office Sought: House Disbursement For: Primary General PHONE SERVICE State: District: Other (specify) ▼ PHONE SERVICE Full Name (Last, First, Middle Initial) AT&T Transaction ID: 80413.E2828 Date of Disbursement Mailing Address PO Box 105306 Monto of Each Disbursement this Period Monto of Each Disbursement this Period City State Zip Code Amount of Each Disbursement this Period Atlanta GA 30348-5306 14.95 Phone Service 001 Category/ Type Primary General Office Sought: House Disbursement For: Primary General Office Sought: House Disbursement For: Primary General Office Sought: House Disbursement For: Primary General Other (specify) Other (specify) Tother (specify) PHONE SERVICE Subtrottal of Disbursements This Page (optional) Tother (specify) P1001 P1001	Phone Service		Category/	Refund or Disposal of Excess Contributions Required Under
AT&T Date of Disbursement Mailing Address PO Box 105306 City State Zip Code Atlanta GA 30348-5306 Purpose of Disbursement 001 Phone Service 001 Candidate Name 001 Office Sought: House Senate Disbursement For: President Other (specify) ▼ State: District:	Senate President	Primary General	<u> </u>	PHONE SERVICE
City State Zip Code Atlanta GA 30348-5306 Purpose of Disbursement 001 Phone Service 001 Candidate Name 001 Category/ Type Office Sought: House Disbursement For: Other (specify) President Other (specify) State: District:				
Atlanta GA 30348-5306 Purpose of Disbursement 001 Phone Service 001 Candidate Name 001 Office Sought: House Senate Primary President Other (specify) State: District: SubtrotrAL of Disbursements This Page (optional) Tis Page (optional)	Mailing Address PO Box 105306			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 0 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
Phone Service 001 Candidate Name 001 Category/ Type Category/ Type Office Sought: House Disbursement For: Disbursement For: President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional) Tate	Atlanta			
Office Sought: House Disbursement For: Type 11 C.F.R. 400.53 Office Sought: House Primary General PHONE SERVICE State: District: Other (specify) ▼ 793.36	Phone Service			Refund or Disposal of Excess
Senate Primary General PHONE SERVICE State: District: Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)				
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General		PHONE SERVICE
		n		793.36

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	
Any Information copied from such Reports and State		any person f	20a 20b 20c 21
or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
Friends of Tim Johnson			
Full Name (Last, First, Middle Initial) Busey Bank			Transaction ID: 80413.E2804 Date of Disbursement
Mailing Address 201 W. Main			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 3 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix} $
City Urbana	State Zip Code IL 61801-		Amount of Each Disbursement this Perio
Purpose of Disbursement	Г		38.77
Interest Payment Candidate Name		009 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify) ▼		INTEREST PAYMENT
State: District:			
Full Name (Last, First, Middle Initial) Busey Bank			Transaction ID: 80413.E2821 Date of Disbursement
Mailing Address 201 W. Main			M M / D G / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Urbana	State Zip Code IL 61801-		Amount of Each Disbursement this Perio
Purpose of Disbursement	Г	000	34.53
Interest Payment Candidate Name		009 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) V		INTEREST PAYMENT
Full Name (Last, First, Middle Initial) Busey Bank			Transaction ID: 80413.E2835 Date of Disbursement
Mailing Address 201 W. Main			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D \\ 3 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix}$
City Urbana	State Zip Code IL 61801-		Amount of Each Disbursement this Perio
Purpose of Disbursement			66.18
Interest Payment Candidate Name		009 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		INTEREST PAYMENT
			139.48
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only E5AN018	")	►	FEC Schedule B (Form 3) (Revised

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only	one) 17 18 19a 19b
Any Information copied from such Reports and State			
or for commercial purposes, other than using the nan	ne and address of any political cor	mmittee to soli	cit contributions from such committee
NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
Full Name (Last, First, Middle Initial) Devonshire Realty			Transaction ID: 80413.E2807 Date of Disbursement
Mailing Address PO Box 140			$\begin{bmatrix} M & 1 & M \\ 0 & 1 & M \end{bmatrix} \begin{pmatrix} D & D & D \\ 2 & 3 & M \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City Champaign	State Zip Code IL 61824-0140		Amount of Each Disbursement this Perio
Purpose of Disbursement Rent Candidate Name	c	001 Category/ Type	575.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		RENT
Full Name (Last, First, Middle Initial)			Transaction ID: 80413.E2827
Devonshire Realty Mailing Address PO Box 140			Date of Disbursement 03^{M} / 06^{D} / 2008^{Y}
City Champaign	State Zip Code IL 61824-0140		Amount of Each Disbursement this Perio
Purpose of Disbursement Rent		001	575.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		RENT
Full Name (Last, First, Middle Initial) Devonshire Realty			Transaction ID: 80413.E2834 Date of Disbursement
Mailing Address PO Box 140			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D \\ 3 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y \\ 2 \end{bmatrix} \begin{bmatrix} $
City Champaign	StateZip CodeIL61824-0140		Amount of Each Disbursement this Period
Purpose of Disbursement Rent		001	575.00 Refund or Disposal of Excess
Candidate Name	C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify) ▼		RENT
State: District:			1725.00
SUBTOTAL of Disbursements This Page (optional)			1723.00
TOTAL This Period (last page this line number only E5AN018	()	►	FEC Schedule B (Form 3) (Revised

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
	Detailed Summary Page		20a 20b 20c 21
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	, ·····		
Friends of Tim Johnson			
Full Name (Last, First, Middle Initial) Vicki Haugen			Transaction ID: 80413.E2824 Date of Disbursement
Mailing Address 28 West North Street, S	uite 101		$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix}^{M} \begin{pmatrix} D & D \\ 0 & 6 \end{bmatrix}^{D} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix}^{Y} $
City Danville	State Zip Code IL 61832-		Amount of Each Disbursement this Peric
Purpose of Disbursement	Г		500.00
Membership Expense Candidate Name		004 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Senate President	ement For: Primary General Other (specify) ▼		MEMBERSHIP EXPENSE
State: District:			
Full Name (Last, First, Middle Initial) Internal Revenue Service			Transaction ID: 80413.E2814 Date of Disbursement
Mailing Address IRS			02 ^M /28 [/] 2008 [/]
City Kansas City	StateZip CodeMO64999-0102		Amount of Each Disbursement this Perio
Purpose of Disbursement Taxes		001	1.04 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		TAXES
Full Name (Last, First, Middle Initial) Jupiters Pizza & Billards			Transaction ID: 80413.E2811 Date of Disbursement
Mailing Address 39 Main Street			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 4 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix} $
City Champaign	State Zip Code IL 61820-		Amount of Each Disbursement this Perio
Purpose of Disbursement	Г	007	322.05
Event Expense Candidate Name		007 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburs Senate President District:	ement For: Primary General Other (specify) ▼		EVENT EXPENSE
			823.09
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only E5AN018)	►	FEC Schedule B (Form 3) (Revised

SCHEDULE B (FEC Form 3)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 24 / 3 (check only one)
	Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and State or for commercial purposes, other than using the nar		any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Friends of Tim Johnson		
Full Name (Last, First, Middle Initial) Managed Tax Services		Transaction ID: 80413.E2818 Date of Disbursement
Mailing Address 2501 Galen Dr		03 ^M / 06 ^D / 2008
City Champaign	StateZip CodeIL61826-	Amount of Each Disbursement this P
Purpose of Disbursement		275.00
Tax Services Candidate Name	C	001 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼	TAX SERVICES
Full Name (Last, First, Middle Initial)		
Managed Tax Services		Transaction ID: 80413.E2829 Date of Disbursement
Mailing Address 2501 Galen Dr		03 25 2008
City Champaign	State Zip Code IL 61826-	Amount of Each Disbursement this P
Purpose of Disbursement Tax Services		001 Refund or Disposal of Excess
Candidate Name	C	Category/ TypeContributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼	TAX SERVICES
Full Name (Last, First, Middle Initial) Mclean County Repub. Central Committe	20	Transaction ID: 80413.E2825 Date of Disbursement
Mailing Address PO Box 5056		$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 3 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 0 \\ 0 \\ 6 \end{array} \\ \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \\ \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \\ \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \\ \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \\ \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 8 \end{array} \\ \begin{array}{c} Y \\ Y \\ 0 \\ 0 \\ 8 \end{array} \\ \begin{array}{c} Y \\ Y \\ 0 \\ 0 \\ 8 \end{array} \\ \begin{array}{c} Y \\ Y $
City Bloomington	State Zip Code IL 61702-5056	Amount of Each Disbursement this P
Purpose of Disbursement		250.00
Donation Candidate Name	C	012 Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼	DONATION
SUBTOTAL of Disbursements This Page (optional)	575.00
TOTAL This Period (last page this line number onl	y)	
E5AN018	•,	FEC Schedule B (Form 3) (Rev

ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page Image: Check only one) Image: Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 19a 19b	ITEMIZED DISBURSEMENTS for each category of their Detailed Summary Page It as	SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE	
r 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) Friends of Time Johnson Full Name (Last, First, Middle Initial) Clay Category Candidate Name Category Categ	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) Friends of Tim Johnson Full Name (Last, First, Middle Initia) Mailing Address 2302 Fox Dr City Champaign IL 61820- Purpose of Disbursement Candidate Name Contributions Required Under 11 C. F.R. 400.53 Office Sought: House City City City City City City City City	ITEMIZED DISBURSEMENTS	for each category of the		(17 18 19a 19b
Friends of Tim Johnson Full Name (Last, First, Middle Initial) Mailing Address 2302 Fox Dr City State Zip Code Champaign IL 61820- Purpose of Disbursement 001 Category/ Type Contributions Required Under 11 C.F.R. 400.53 Mount of Each Disbursement this Peri Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: President 001 State: Distriction Category/ Type Transaction ID: 80413.E2823 Office Sought: House Disbursement For: President Primary Full Name (Last, First, Middle Initial) Other (specify) Transaction ID: 80413.E2823 Date of Disbursement Other (specify) Transaction ID: 80413.E2823 Date of Disbursement 01 Category/ Type Phone Service 001 Category/ Type City State Zip Code Champaign IL 61820- Purpose of Disbursement Disbursement For: President Other (specify) Office Sought: House Disbursement For: Primary General Office Sought: Hou	Friends of Tim Johnson Full Name (Last, First, Middle Initial) Melling Address 2302 Fox Dr Chy State Zip Code Champaign IL 61820- Purpose of Disbursement 001 Canddate Name Color Office Sought: House Disbursement For: President Office Sought: Disbursement For: President Other (specify) Mailing Address 2302 Fox Dr City State Disbursement For: President District: President Mailing Address 2302 Fox Dr Transaction ID: 80413 E2823 Maileng Address 2302 Fox Dr Transaction ID: 80413 E2823 City State Zip Code Champaign IL 61820- Purpose of Disbursement 001 Category Prone Service 001 Category Chy State Zip Code Champaign IL 61820- Purpose of Disbursement Por: Offic Category Prone Service Offic Sought: House </th <th></th> <th></th> <th></th> <th></th>				
Mcleod USA Date of Disbursement Mailing Address 2302 Fox Dr City State Zip Code Champaign IL 61520- Purpose of Disbursement 001 13.41 Percord Disbursement 001 13.41 Precord Disbursement 001 13.41 Percord Disbursement President 011 State Disbursement For: 011 Portose of Disbursement President 0ther (specify) ▼ State: Disbursement For: 006 / ¥ 2008 Portose of Disbursement Other (specify) ▼ PHONE SERVICE Mailing Address 2302 Fox Dr City Transaction ID: 80413.E2823 City State Zip Code Amount of Each Disbursement the Peric Purpose of Disbursement 001 Category/ Y 2008 Purpose of Disbursement 001 Category/ Transaction ID: 80413.E2823 Candidate Name IL 61820- Category/ Transaction ID: 80413.E2833 Office Sought: House Disbursement For: 001 Category/ Y 2 0 0 8	Mcleod USA Date of Disbursement Mailing Address 2302 Fox Dr City State Zip Code Champaign IL 61820- Purpose of Disbursement 001 Refund of Disbursement this Period Purpose of Disbursement Disbursement For: 001 Office Sought: House Disbursement For: President Disbursement For: Primay Other (specify) IC.F.R. 400.53 PHONE SERVICE PHONE SERVICE Vitampaign LL 61820- Purpose of Disbursement For: Disbursement For: Primay Other (specify) IC.F.R. 400.53 PHONE SERVICE City State Zip Code Amount of Each Disbursement this Period Other (specify) City State Disbursement For: Other (specify) Purpose of Disbursement Disbursement For: President Office Sought: House Disbursement For: Phone Service Cardidate Name Disbursement For: Other (specify) Phone Service Cardidate Name Disbursement For: Other (specify) Cother (specify)<				
City State Zip Code Purpose of Disbursement 001 Prone Service 001 Candidate Name 001 Office Sought: House State: Disbursement For: Primos Service Other (specify) ▼ Full Name (Last, First, Middle Initial) Other (specify) ▼ Mailing Address 2302 Fox Dr City State Candidate Name 01 City State Candidate Name 01 City State City State City State City State Candidate Name 01 Office Sought: House President Disbursement For: Origo and Disbursement 01 Candidate Name 01 Office Sought: House President Disbursement For: Origo and Disbursement Primary Office Sought: House President Distresement For: Other (specify) ▼ Phone Service Con	City State Zip Code Amount of Each Disbursement this Per Purpose of Disbursement 001 Category/ Type 13.41 Phone Service 001 Category/ Type 11 C.F.R. 400.53 Office Sought: House Disbursement For: Primary Category/ Type District: Disbursement For: Primary Contributions Required Under Other (specify) Transaction 10: 60413, E2823 Date of Disbursement Disbursement 03.4' 0.6' Y 2.0 0'.8' Mailing Address 2302 Fox Dr 13.41 Phone Service 13.41 Phone Service 001 Category/ Type 13.41 Phone Service 13.41 Phone Service 001 Category/ Type 13.41 Phone Service 13.41 Phone Service 001 Category/ Type 13.41 Phone Service 13.41 Phone Service Oother (specify) It C.F.R. 400.33 Phone Service 13.41 Phone Service Disbursement For: President 01 Contributions Required Under 13.41 Phone Service Candidate Name Disbursement F				
Champaign IL 61820- Purpose of Disbursement 001 Refund or Disposal of Excess Candidate Name 001 Category/ Type Refund or Disposal of Excess Office Sought: House Disbursement For: Onter (specify) ▼ Full Name (Last, First, Middle Initial) Other (specify) ▼ Transaction ID: 80413.E2823 Mailing Address 2302 Fox Dr Transaction ID: 80413.E2823 City State Zip Code Champaign IL 61820- Purpose of Disbursement 001 Category/ Purpose of Disbursement 001 Category/ Purpose of Disbursement 001 Category/ Purpose of Disbursement President 001 Office Sought: House Disbursement For: President Disbursement For: General President Disbursement For: General President Disbursement For: Amount of Each Disbursement this Periot State: District: Other (specify) ▼ Amount of Each Disbursement this Periot Mailing Address 2001 N. Matttis Category/ Transacti	Champaign IL 61820- Purpose of Disbursement 001 Category' Prone Service 001 Category' Candidate Name Disbursement For: 01 Previse Disbursement For: Previse Office Sought: Disbursement For: Previsiont Previsiont Other (specify) Inc.F.R. 400.53 Pull Name (Last. First, Middle Initial) Melcod USA Mailing Address 2302 Fox Dr City State Zip Code Champaign IL 61820- Purpose of Disbursement 001 Category' Phone Service 001 Category' Category/ Transaction ID: 80413.E2823 Date of Disbursement 001 Prone Service 001 Category/ Type Office Sought: House Senate Disbursement For: Prose Service Other (specify) ▼ Category/ Transaction ID: 80413.E2833 U.S. Postmaster Other (specify) ▼ Mailing Address 2001 N. Mattis City <	Mailing Address 2302 Fox Dr			$\begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 3 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
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Full Name (Last, First, Middle Initial) Transaction ID: 80413.E2823 Mailing Address 2302 Fox Dr City State Zip Code Champaign IL 61820- Purpose of Disbursement 001 Category/ Type Phone Service 001 Category/ Type Office Sought: House Disbursement For: President Other (specify) PHONE SERVICE Full Name (Last, First, Middle Initial) U.S. Postmaster President Mailing Address 2001 N. Mattis Transaction ID: 80413.E2823 City State Disbursement For: 001 President Other (specify) PHONE SERVICE PHONE SERVICE Full Name (Last, First, Middle Initial) U.S. Postmaster Transaction ID: 80413.E2833 Date of Disbursement Mailing Address 2001 N. Mattis Transaction ID: 80413.E2833 Date of Disbursement this Peric City State Zip Code Amount of Each Disbursement this Peric Mailing Address 2001 N. Mattis Category/ Type Y 2 0 0 8 Office Sought: House Disbursement For: Other (specify) P	Full Name (Last, First, Middle Initial) Transaction ID: 80413.E2823 Mailing Address 2302 Fox Dr City State Zip Code Champaign IL 61820- Purpose of Disbursement 001 Phone Service 001 Candidate Name Disbursement For: President Disbursement For: President Other (specify) State: District: Mailing Address 2001 N. Mattis City State City State District: Other (specify) Full Name (Last, First, Middle Initial) U.S. Postmaster Mailing Address 2001 N. Mattis City State City Category: Purpose of Disbursement Ocode Categ	Senate President	Primary General	туре	
Mailing Address 2302 Fox Dr City State Zip Code Champaign IL 61820- Purpose of Disbursement 001 Refund or Disposal of Excess Candidate Name O01 Category/ Type Refund or Disposal of Excess Office Sought: House Disbursement For: Primary General Office Sought: House Disbursement For: Primary General State: District: Other (specify) ▼ PHONE SERVICE Full Name (Last, First, Middle Initial) U.S. Postmaster Transaction ID: 80413.E2833 Date of Disbursement Mailing Address 2001 N. Mattis 61821- Amount of Each Disbursement this Periodic Champaign Office Sought: House Disbursement For: 001 Category/ Type Y 20 0 8 Office Sought: House Disbursement For: 001 Category/ Type Postage Office Sought: House Disbursement For: 001 Category/ Type PostAGE Office Sought: House Disbursement For: President Other (specify) ▼ PostAGE Office Sought: <td>Mailing Address 2302 Fox Dr City State Zip Code Champaign IL 61820- Purpose of Disbursement 001 Category/ Phone Service Contributions Required Under 13.41 Candidate Name Disbursement For: 001 Office Sought: House Disbursement For: President Other (specify) Image: Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE President Other (specify) PHONE SERVICE Full Name (Last, First, Middle Initial) U.S. Postmaster Disbursement For: Disbursement Mailing Address 2001 N. Mattis Transaction ID: 80413.E2833 Date of Disbursement City State Zip Code Amount of Each Disbursement this Per Champaign IL 61821- Amount of Each Disbursement this Per Purpose of Disbursement O01 Category/ To Sepail of Excess Candidate Name Disbursement For: O01 Category/ To Sepail of Excess Contributions Required Under In C.F.R. 400.53 POSTAGE Onther (specify) Office Sought:</td> <td>Full Name (Last, First, Middle Initial)</td> <td></td> <td></td> <td>Date of Disbursement</td>	Mailing Address 2302 Fox Dr City State Zip Code Champaign IL 61820- Purpose of Disbursement 001 Category/ Phone Service Contributions Required Under 13.41 Candidate Name Disbursement For: 001 Office Sought: House Disbursement For: President Other (specify) Image: Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE President Other (specify) PHONE SERVICE Full Name (Last, First, Middle Initial) U.S. Postmaster Disbursement For: Disbursement Mailing Address 2001 N. Mattis Transaction ID: 80413.E2833 Date of Disbursement City State Zip Code Amount of Each Disbursement this Per Champaign IL 61821- Amount of Each Disbursement this Per Purpose of Disbursement O01 Category/ To Sepail of Excess Candidate Name Disbursement For: O01 Category/ To Sepail of Excess Contributions Required Under In C.F.R. 400.53 POSTAGE Onther (specify) Office Sought:	Full Name (Last, First, Middle Initial)			Date of Disbursement
Champaign IL 61820- Purpose of Disbursement 001 Refund or Disposal of Excess Candidate Name 001 Category/ Type Refund or Disposal of Excess Office Sought: House Disbursement For: President State: District: President Other (specify) PHONE SERVICE Full Name (Last, First, Middle Initial) U.S. Postmaster Transaction ID: 80413.E2833 Date of Disbursement Mailing Address 2001 N. Mattis State Zip Code Amount of Each Disbursement this Period City State Zip Code Amount of Each Disbursement this Period 104.00 Postage Candidate Name O01 Category/ Type 104.00 Postage Office Sought: House Disbursement For: O01 Refund or Disposal of Excess Contributions Required Under Office Sought: House Disbursement For: O01 Refund or Disposal of Excess Contributions Required Under Office Sought: House Disbursement For: President Postage PostAGE Office Sought: House Disbursement For: President	Champaign IL 61820- Purpose of Disbursement Phone Service 001 Candidate Name 001 Category/ Type Refund or Disposal of Excess Office Sought: House Senate Primary General President Other (specify) Image: Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE State: District: Other (specify) Image: Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE Full Name (Last, First, Middle Initial) U.S. Postmaster Transaction ID: 80413.E2833 Date of Disbursement Mailing Address 2001 N. Mattis Mailing Address 2001 N. Mattis Amount of Each Disbursement this Per 104.00 Postage Oo1 Category/ Type 104.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: 001 Oo1 Category/ Type 11 C.F.R. 400.53 Office Sought: House Disbursement For: 001 Postage PostAGE Office Sought: House Disbursement For: President President Other (specify) POSTAGE Subborsements	Mailing Address 2302 Fox Dr			03 (06 / 2008
Phone Service 001 Candidate Name 001 Candidate Name 001 Office Sought: House Senate Primary President Other (specify) State: District: Mailing Address 2001 N. Mattis City State Candidate Name 001 City State Candidate Name 001 Office Sought: House Purpose of Disbursement Por: Other (specify) Mailing Address 2001 N. Mattis City State Zip Code Champaign IL 61821- Purpose of Disbursement 001 Postage 001 Category/ Type Office Sought: House Disbursement For: 001 Category/ Type Office Sought: Disbursement For: Office Sought: House Disbursement For: Other (specify) Office Sought: District:	Phone Service 001 Candidate Name 001 Cardidate Name 001 Office Sought: House Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) U.S. Postmaster Mailing Address 2001 N. Mattis City State Champaign IL Prostage 001 Candidate Name 001 Office Sought: House State: Disbursement Postage 001 Candidate Name Disbursement For: Prostage 001 Candidate Name Disbursement For: Office Sought: House Office Sought: House Office Sought: Disbursement For: President Other (specify) State: District: Su	Champaign			
Office Sought: House Disbursement For: Primary General President Other (specify) Image: Control of the contrele of the control of the contrel of the c	Office Sought: House Disbursement For: Primary General State: District: Other (specify) ▼ PHONE SERVICE Full Name (Last, First, Middle Initial) U.S. Postmaster Transaction ID: 80413.E2833 Date of Disbursement Mailing Address 2001 N. Mattis Mailing Address 2001 N. Mattis Mailing Address 2001 N. Mattis City State Zip Code Amount of Each Disbursement this Per Purpose of Disbursement 001 Category/ 104.00 Postage 001 Category/ Transact of Disposal of Excess Condidate Name Disbursement For: 001 Category/ 104.00 Office Sought: House Disbursement For: Primary General Office Sought: House Disbursement For: POSTAGE State: District: Other (specify) Iteration for the specify f	Phone Service		Category/	Refund or Disposal of Excess Contributions Required Under
U.S. Postmaster Mailing Address 2001 N. Mattis Mailing Address 2001 N. Mattis City State Zip Code Champaign IL 61821- Purpose of Disbursement 001 Postage 001 Candidate Name 001 Office Sought: House President Disbursement For: President Other (specify) State: District:	U.S. Postmaster Mailing Address 2001 N. Mattis Mailing Address 2001 N. Mattis City State Zip Code Champaign IL 61821- Purpose of Disbursement 001 Postage 001 Candidate Name 001 Office Sought: House President Disbursement For: Senate Primary President Other (specify) State: District:	Senate President	Primary General		PHONE SERVICE
City State Zip Code Champaign IL 61821- Purpose of Disbursement 001 Postage 001 Candidate Name 001 Office Sought: House Disbursement For: Primary President Other (specify) State: District:	City State Zip Code Champaign IL 61821- Purpose of Disbursement 001 Postage 001 Candidate Name 001 Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District:				Date of Disbursement
Champaign IL 61821- Purpose of Disbursement 001 Postage 001 Candidate Name 001 Candidate Name 001 Office Sought: House President Disbursement For: President Other (specify) State: District:	Champaign IL 61821- Purpose of Disbursement 001 Postage 001 Candidate Name 001 Candidate Name 001 Office Sought: House Senate Primary President Other (specify) State: Disbursements This Page (optional)	Mailing Address 2001 N. Mattis			^M 3 ^M / ^D 2 5 / ^Y 2 0 0 8
Postage 001 Candidate Name 001 Candidate Name Category/ Type Office Sought: House Senate Primary President Other (specify) State: District:	Postage 001 Candidate Name 001 Category/ Type Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District:				
Office Sought: House Disbursement For: Primary General President Other (specify) ▼ POSTAGE	Office Sought: House Disbursement For: Primary General Office Sought: President Other (specify) POSTAGE State: District: It C.F.R. 400.53	Postage			Refund or Disposal of Excess
Senate Primary General President Other (specify) ▼	Senate Primary General President Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional) 130.82	Office Sought: House Disburse			11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional)		President			
	TOTAL This Period (last page this line number only)			>	130.82

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	for each category of the	INE NUMBER: only one) X 17 18 19a 19b
	Detailed Summary Page	20a 20b 20c 21
Any Information copied from such Reports and S or for commercial purposes, other than using the		
Friends of Tim Johnson		
Full Name (Last, First, Middle Initial) Verizon Wireless		Transaction ID: 80413.E2809 Date of Disbursement
Mailing Address PO Box 6170		01 ^M / 28 / Y Y Y Y Y
City Carol Stream	State Zip Code IL 60197-	Amount of Each Disbursement this Perio
Purpose of Disbursement		31.94
Phone Service Candidate Name	001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Senate President	bursement For: Primary General Other (specify) ▼	PHONE SERVICE
State: District:		
Full Name (Last, First, Middle Initial) Verizon Wireless		Transaction ID: 80413.E2812 Date of Disbursement
Mailing Address PO Box 6170		$\begin{array}{c c} & M & M \\ \hline & 0 & 2 \\ \end{array} \begin{array}{c} M & M \\ \end{array} \begin{array}{c} f \\ 0 & 2 \\ \end{array} \begin{array}{c} D \\ 1 & 9 \\ \end{array} \begin{array}{c} D \\ 1 & 9 \\ \end{array} \begin{array}{c} f \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 8 \\ \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y $
City Carol Stream	State Zip Code IL 60197-	Amount of Each Disbursement this Perio
Purpose of Disbursement Phone Service	001	150.00
Candidate Name	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Dis Senate President State: District:	bursement For: Primary General Other (specify) ▼	PHONE SERVICE
Full Name (Last, First, Middle Initial) Verizon Wireless		Transaction ID: 80413.E2813 Date of Disbursement
Mailing Address PO Box 6170		0 ^M 2 ^M / ^D 19 ^D / ^Y 2008 ^Y
City Carol Stream	State Zip Code IL 60197-	Amount of Each Disbursement this Perio
Purpose of Disbursement		150.00
Phone Service Candidate Name	001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Senate President	bursement For: Primary General Other (specify) ▼	PHONE SERVICE
State: District:		
SUBTOTAL of Disbursements This Page (option	onal)	<u>▶</u> 331.94
TOTAL This Period (last page this line number	only)	•
E5AN018		FEC Schedule B (Form 3) (Revise

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE (check only		PAGE 27/31
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	l`	<pre> 17 18 20a 20b </pre>) 19a 19b 20c 21
ny Information copied from such Reports and State				
r for commercial purposes, other than using the nar	ne and address of any political co	ommittee to soli	icit contributions	from such committee
NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name (Last, First, Middle Initial)			Transaction I	D: 80413.E2817
Verizon Wireless			Date of Disbur	rsement
Mailing Address PO Box 6170			03	06 [′] ^Y ^Y ^Y ^Y ^Y ^Y
City	State Zip Code		Amount of Eac	ch Disbursement this Peri
Carol Stream	IL 60197-			47.70
Purpose of Disbursement Phone Service		001	Defund or	
Candidate Name	L	Category/		Disposal of Excess ons Required Under
		Type	11 C.F.R. 4	
Office Sought: House Disbury	sement For:		PHONE SER	NICE
Senate	Primary General			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
Verizon Wireless			Transaction II Date of Disbur	D: 80413.E2830
			M M / D	
Mailing Address PO Box 6170			03	
City	State Zip Code		Amount of Ead	ch Disbursement this Perio
Carol Stream	IL 60197-			52.70
Purpose of Disbursement Phone Service	Γ	001	Refund or	Disposal of Excess
Candidate Name		Category/	Contributio	ns Required Under
		Туре	11 C.F.R. 4	400.53
Ŭ 🛁	sement For:		PHONE SER	VICE
Senate	Primary General			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)			Tropostion	D. 00/12 E0026
Verizon Wireless			Date of Disbur	D: 80413.E2836 rsement
			03 ^{// D}	2 7 / Y Y 0 0 8
Mailing Address PO Box 6170			03	21 2008
City	State Zip Code		Amount of Ead	ch Disbursement this Peric
Carol Stream	IL 60197-			
Purpose of Disbursement	Г	001		150.00
Phone Service Candidate Name		001		Disposal of Excess ons Required Under
		Category/ Type	11 C.F.R. 4	
Office Sought: House Disburg	sement For:		PHONE SER	
Senate	Primary General		THOME SER	
President	Other (specify)			
State: District:				
SUBTOTAL of Disbursements This Page (optional)	►		250.40
				0027 10
TOTAL This Period (last page this line number onli	/)	🕨		9037.10

	CHEDULE B (FEC Form 3 EMIZED DISBURSEMENTS	for each of	arate schedule(s) category of the Summary Page	FOR LINE (check onl	NUMBER: PAGE 28 / 31 y one) 17 18 X 19a 19b 20a 20b 20c 21
	ny Information copied from such Reports and for commercial purposes, other than using t NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Α.	Full Name (Last, First, Middle Initial) Busey Bank Mailing Address 201 W. Main				Transaction ID: 80414.E2839 Date of Disbursement 03 / 31 / 2008
	City Urbana Purpose of Disbursement	State IL	Zip Code 61801-		Amount of Each Disbursement this Period 9.92
	Repay Loan Made/Guar. by Cand 009 Loa Candidate Name	n R		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House E Senate President State: District:	Disbursement For: Primary Other (spe	2008 X General cify) ▼		

SUB	TOTAL of Disbursements This Page (optional)	►	9.92]
тот	AL This Period (last page this line number only)	►	9.92]
FE5AN	018		FEC Schedule B (Form 3) (Revised 0	2/2003)

		[
SCHEDULE C (FEC Form 3)		Use separate schedule(s)	PAGE 29/31
LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 13a 13b	
NAME OF COMMITTEE (In Full)			
Friends of Tim Johnson			
		Transac	tion ID: LS60831.C7050
LOAN SOURCE Full Name (Last, First, Middle	Initial)	E	ection:
Busey Bank			Primary
Mailing Address 201 W Main			General ⟨ Other (specify) ▼
Mailing Address 201 W. Main			
City Urbana S	State IL ZIP Code		Primary
	Cumulative Payment To D	ate Balance	Outstanding at Close of This Period
100000.00		97569.08	2430.92
TERMS Date Incurred	Date Due	Interest Rate	e Secured:
	Date Due	interest riat	
01 24 2000 200	80521	9.5	500 % (apr) X Yes No
List All Endorsers or Guarantors (if any) to Loan S	Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Timothy V. Johnson		Information Requested	
Mailing Address		Occupation	
413 Berringer Circle		Information Requested	
		Amount	
City State Urbana	ZIP Code 61802-	Guaranteed Outstanding:	2430.92
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	_	Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	-	Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	-	Amount	
City State	ZIP Code	Guaranteed	
	2	Outstanding:	
		· · ·	
SUBTOTALS This Period This Page (optional)		····· •	2430.92
TOTALS This Period (last page in this line only)			.00
Carry outstanding balance only to LINE 3, Schedule	D, for this line. If no Sched	ule D, carry forward to approp	riate line of Summary.

FE5AN018

			PAGE 30/31
SCHEDULE C (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER:
LOANS		for each category of the Detailed Summary Page	(check only one) X 13a 13b
NAME OF COMMITTEE (In Full)			
Friends of Tim Johnson			
	-11 - 1 - 11 - 11		tion ID: LS60831.C7052
LOAN SOURCE Full Name (Last, First, Mide	die Initial)		ection: Primary
Busey Bank			General
Mailing Address 201 W. Main		X	Other (specify)
			Primary
City Urbana	State IL ZIP Code		
Original Amount of Loan	Cumulative Payment To D	Date Balance (Outstanding at Close of This Period
40000.00		37529.58	2470.42
TERMS	Date Due	Interest Rate	e Secured:
Date Incurred	Dale Due		
03 03 2000 2	20080521	9.5	500 % (apr) X Yes No
List All Endorsers or Guarantors (if any) to Loa	n Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Timothy Johnson		Information Requested	
Mailing Address		Occupation	
413 Berringer Circle	_	Attorney	
City Ctata	ZIP Code	Amount Guaranteed	2470.40
City State Urbana	61802-	Outstanding:	2470.42
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	_	Amount	
City State	ZIP Code	Guaranteed	
		Outstanding:	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	_	Amount	
City State		Guaranteed	
Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer	
Fuil Name (Last, First, Midule Initial)			
Mailing Address		Occupation	
	-	Amount	
City State		Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			2470.42
TOTALS This Period (last page in this line only)			4901.34
Carry outstanding balance only to LINE 3, Schedu	le D, for this line. If no Sched	ule D, carry forward to approp	riate line of Summary.

FE5AN018

SUD	EDULE D (FEC Fo	vrm 3)		(Use separate	PAGE 31 / 31	
DEB	DEBTS AND OBLIGATIONS			schedule(s) for each numbered line)	FOR LINE NUMBER: (check only one) 9 X 10	
NAM	E OF COMMITTEE (In nds of Tim Johnson	Full)				
	Full Name (Last, Firs usey Bank	t, Middle Initial) of De	ebtor or Creditor		ebt (Purpose): ued Interest	
М	ailing Address 201 V	V. Main				
	ity rbana	State IL	ZIP Code 61801-			
	Outstanding Balance E	Beginning This Period	ł	Tra	nsaction ID: LS80414.E2840	
		165.92				
	Amount Incurre	d This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
		139.48	0.00		305.40	
1) S	UBTOTALS This Peri	od This Page (option	al)		305.40	
2) T	OTALS This Period (la	st page this line numl	ber only)		305.40	
3) T	OTAL OUTSTANDING	LOANS from Sch	nedule C (last page only)		4901.34	
4) A	DD 2) and 3) and carr	y forward to appropri	ate line of Summary Page (last page only	y) 🕨	5206.74	

FE5AN018