

# 48 HOURS NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL

Friends Of Tim Johnson

ADDRESS (number and street)

PO Box 17097

CITY, STATE, and ZIP CODE

Urbana

IL

618037097

2. NAME OF CANDIDATE

Tim Johnson

3. OFFICE SOUGHT (State and District)

House IL 15

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

4. FEC IDENTIFICATION NUMBER  
C00350421

**SIGNATURE(Optional)**

Brian Kelly

**DATE**

10/28/2010

**For further information contact:**

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

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**FEC FORM 6**  
(Revised 1/2001)

**FEC FORM 6 - 48 HOUR NOTICE OF CONTRIBUTIONS / LOANS**

(continuation page)

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**Name of Individual, Organization, or Corporation**

Friends Of Tim Johnson

Full Name, Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount Received this Period
Activator PAC  1701 Towanda Ave. PO Box 2901 Bloomington IL 61701-2901		10/28/2010	4695.10
	Occupation		
<b>Full Name, Address, and ZIP Code</b> American Association of Nurse Anesthetists CRNA PAC 412 First St., SE Suite12  Washington DC 20003	Name of Employer	Date (month, day, year) 10/28/2010	Amount Received this Period 2000.00
	Occupation		

**TOTAL THIS PERIOD (last page only)****6695.10**