FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

Fo	or An Authorized Committee	Office Use Only
	EC MAILING LABEL PE OR PRINT Example: If typing, type over the lines	
Friends of Tim Johnson		
ADDRESS (number and street)	3ox 17097	
Check if different		
than previously reported. (ACC)	na	IL 61803
2. FEC IDENTIFICATION NUMBER	▼ CITY ▲	STATE A ZIP CODE A STATE V DISTRICT
C00350421	3. IS THIS NEW (N) OR	X AMENDED (A) [IL] 15
4. TYPE OF REPORT (Choose On (a) Quarterly Reports:	(b) 12-Day PRE -Election Report for the: Primary (12P)	General (12G) Runoff (12R)
April 15 Quarterly Report (Q	Convention (12C)	Special (12S)
October 15 Quarterly Report	t (Q3) Election on	in the State of
X January 31 Year-End Repor	t (YE) (c) 30-Day POST -Election Report for the	e:
	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	in the State of
5. Covering Period 1 0	0 1 2 0 0 5 through 1	2 31 2005
	nd to the best of my knowledge and belief it is true, corn James P. Bray	rect and complete.
Signature of Treasurer Electronically Fil	ed by James P. Bray	Date 0 3 0 7 2 0 0 6
NOTE : Submission of false, erroneous, or	incomplete information may subject the person signin	g this Report to the penalties of 2 U.S.C 437g.
Office Use Only		FEC FORM 3 (Revised 02/2003)

Image# 26980170085

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Friends of Tim Johnson м N 12 ° D 1 0 0 1 2005 2005 3 1 Report Covering the Period: From: To: **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 34732.30 130913.75 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 0.00 100.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 34732.30 130813.75 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 30161.99 120549.45 (from Line 17)..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 120549.45 30161.99 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 80022.37 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 69246.73 Schedule C and/or Schedule D)..... For further information contact:

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

Toll Free 800-424-9530 Local 202-694-1100 FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name Friends of Tim Johnson ° D Report Covering the Period: 2005 12 2005 From: 10 0 1 To: 3 1 **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 8787.30 17887.30 (i) Itemized (use Schedule A)..... 9445.00 36125.00 (ii) Unitemized..... (iii) TOTAL of contributions 18232.30 54012.30 from individuals..... 0.00 196.00 (b) Political Party Committees..... (c) Other Political Committees 16500.00 76705.45 (such as PACS)..... 0.00 0.00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 34732.30 130913.75 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 34732.30 130913.75

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. C	DPERATING EXPENDITURES	30161.99	120549.45
	RANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
	OAN REPAYMENTS: a) Of Loans Made or Guaranteed by the Candidate	70000.00	170000.00
`	b) Of all Other Loans	0.00	0.00
(0	c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	70000.00	170000.00
	REFUNDS OF CONTRIBUTIONS TO: a) Individuals/Persons Other		
(6	Than Political Committees	0.00	100.00
	b) Political Party Committees	0.00	0.00
(0	c) Other Political Committees (such as PACs)	0.00	0.00
(0	d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	100.00
21. C	OTHER DISBURSEMENTS	0.00	0.00
	TOTAL DISBURSEMENTS add Lines 17, 18, 19(c), 20(d), and 21)	100161.99	290649.45
	III. CASH SUMMA	ARY	
23. C	CASH ON HAND AT BEGINNING OF REPORTING	PERIOD	145452.06
24. T	OTAL RECEIPTS THIS PERIOD (from Line 16, pag	je3)	34732.30
25. S	SUBTOTAL (add Line 23 and Line 24)		180184.36
26. T	OTAL DISBURSEMENTS THIS PERIOD (from Line	e 22)	100161.99
27 C	CASH ON HAND AT CLOSE OF REPORTING PERI	IOD	80022.37

FEC FORM 3Z-1 (File with Form 3)

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19) (Millionaires' Amendment)

Name of Candidate		Candidate ID Number
Tim Johnson		H0IL15053
Name of Principal Campaign Comn Friends of Tim Johnson	nittee	C C00350421
Committee Address PO Box 17097		
City Stat	e ZIP	
Urbana IL	61803-	
Report Covering Period (check one)	through June 30, or x the preceding the year of the ger	nrough December 31 of the year neral election General
Gross receipts of authorized committees	130913.75	0.00
Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
Gross receipts minus the candidate's personal contributions	130913.75	0.00

FE3AN044 FEC **Form 3Z-1** (Revised 01/03)

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 43 (check only one)	
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	11a 11b X 11c 11d 11d 12 13a 13b 14 15	
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)				
Friends of Tim Johnson				
Full Name (Last, First, Middle Initial) A. ADM PAC			Date of Receipt	
Mailing Address PO Box 1470			10 25 2005	
City	State	Zip Code	Transaction ID: 51028.C6793	
Decatur	<u>IL</u>	62525	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C C00	0093963	1000.00	
Name of Employer	Occupation	1	Receipt Limit Increased Due to Opponent's	
Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
X Primary General		1000.00	1	
Other (specify) ▼	0 0	1000.00		
Full Name (Last, First, Middle Initial) B. American Hospital Assoc PAC			Date of Receipt	
Mailing Address 325 Seventh Street	Mailing Address 325 Seventh Street, N.W.			
City	State	Zip Code	1 0 1 3 2 0 0 5 Transaction ID: 51014.C6733	
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	า	Receipt	
Receipt For: 2006	Floation C	ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 X Primary General	Election C	·	1	
Other (specify) ▼		1000.00		
Full Name (Last, First, Middle Initial) C. Bank PAC	•		Date of Receipt	
Mailing Address 1120 Connecticut A	ve, NW		12 29 2005	
City	State	Zip Code	Transaction ID: 60104.C6854	
Washington	DC	20036	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		1500.00	
Name of Employer	Occupation	1	Receipt Limit Increased Due to Opponent's	
Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
X Primary General		1500.00	7	
Other (specify) ▼			_	
SUBTOTAL of Receipts This Page (optional	l)		3500.00	
TOTAL This Period (last page this line num	ber only)			

IT	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 43 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 15
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
Α.	Full Name (Last, First, Middle Initial) Caterpillar Employees PAC Mailing Address 100 NE Adams Street City Peoria FEC ID number of contributing federal political committee.	State IL	Zip Code 61629	Date of Receipt M M
	Name of Employer Receipt For: 2006 X Primary General Other (specify) ▼	Occupation C	n Cycle-to-Date ▼ 1000.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) CLIC Mailing Address 101 Constitution Ave, N	IW		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 51014.C6734
	Washington FEC ID number of contributing federal political committee. Name of Employer	DC C Occupation	20001	Amount of Each Receipt this Period 2500.00 Receipt
	Receipt For: 2006 X Primary General Other (specify)	Election C	Sycle-to-Date ▼ 2500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Э.	Full Name (Last, First, Middle Initial) Engineers Political Education Committee Mailing Address 1125 Seventeenth Street	ingineers Political Education Committee		Date of Receipt 1 0 1 3 2 0 0 5
	City	State	Zip Code	Transaction ID: 51014.C6735
	Washington FEC ID number of contributing federal political committee.	C COO	20036 0029504	Amount of Each Receipt this Period 1000.00
	Name of Employer	Occupation C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General Other (specify)	Liection	cycle-to-Date ▼ 2000.00	
s	UBTOTAL of Receipts This Page (optional)			4500.00
т.	OTAL This Period (last page this line number of	nlv)		

S	CHEDULE A (FEC Form 3)		lles securits eshablis(s)	FOR LINE NUMBER: PAGE 8 / 43
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	11a 11b X 11c 11d
				12 13a 13b 14 15
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may name and ado	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Friends of Tim Johnson			
A.	Full Name (Last, First, Middle Initial) Exelon PAC			Date of Receipt
	Mailing Address PO Box 805379			12 16 2005
	City	State	Zip Code	Transaction ID: 60104.C6843
	Chicago	<u> </u>	60680-5379	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C cod	0141218	2500.00
	Name of Employer	Occupation	1	Receipt Limit Increased Due to Opponent's
	Receipt For: 2006	Flection C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			1
	Other (specify) ▼	0 0	5000.00	
В.	Full Name (Last, First, Middle Initial) Laborers Political League	!		Date of Receipt
	Mailing Address 905 16th Street, NW	12 29 2005		
	City	State	Zip Code	Transaction ID: 60104.C6866
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer	Occupation	١	Receipt Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	2500.00]
<u> </u>	Full Name (Last, First, Middle Initial) NBWA PAC	<u> </u>		Date of Receipt
	Mailing Address 1100 King Street Suite 600			M M / D D / Y Y Y Y Y 1 Y 1 1 5 2 0 0 5
	City	State	Zip Code	Transaction ID: 60104.C6813
	Alexandria	VA	22314-2944	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0144766	2500.00
	Name of Employer	Occupation	1	Receipt Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		2500.00]
s	UBTOTAL of Receipts This Page (optional)			7500.00
	OTAL This Period (last page this line number		<u> </u>	

FOR LINE NUMBER: PAGE 9/43 SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Friends of Tim Johnson Full Name (Last, First, Middle Initial) Tate & Lyle Date of Receipt Mailing Address 2200 E Eldorado St 10 27 2005 City Zip Code State Transaction ID: 51028.C6808 Decatur IL 62525 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Receipt Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	16500.00

SCHEDULE A (FEC Form 3))	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 43 (check only one) X 11a 11b 11c 11d 11d 12 13a 13b 14 15
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
Full Name (Last, First, Middle Initial) Byron Boddy Mailing Address 1024 S Clay City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Self- Employed Receipt For: 2006 X Primary General Other (specify)	State IL C Occupation Farmer Election C	Zip Code 62650 n Cycle-to-Date ▼	Date of Receipt M M 25 2005 Transaction ID: 51028.C6795 Amount of Each Receipt this Period 250.00 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) Mary Dodds Mailing Address 1005 W. University City Champaign FEC ID number of contributing federal political committee. Name of Employer Cody Holdings, LLC Receipt For: 2006 X Primary General Other (specify)	State IL C Occupation Owner Election (Zip Code 61821 n Cycle-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) J. Andrew Edwards Mailing Address 990A County Road 1 City Tolono FEC ID number of contributing federal political committee. Name of Employer Greenlawn Farms Receipt For: 2006 X Primary General Other (specify)	State IL C Occupation Owner	Zip Code 61880 n Cycle-to-Date ▼	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		······	650.00
TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 43
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 11d
		Detailed Summary Page	12 13a 13b 14 15
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
Friends of Tim Johnson			
Full Name (Last, First, Middle Initial) A. James Finnegan			Date of Receipt
Mailing Address 201 Imperial Dr.			12 01 2005
City	State	Zip Code	Transaction ID: 60104.C6841
Bloomington	IL	61701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer State Farm	Occupation	n	Receipt Limit Increased Due to Opponent's
Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) 3. Peter Fox			Date of Receipt
Mailing Address 1118 West Armory	12 29 2005		
City	State	Zip Code	Transaction ID: 60104.C6870
Champaign	IL	61821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Fox Development	Occupation	n	Receipt
Receipt For: 2006	Owner Flection C	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General			1
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) C. Rudy Frasca			Date of Receipt
Mailing Address 906 Airport Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 60104.C6863
Urbana	IL	61801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Frasca International	Occupation	n	Receipt
Receipt For: 2006	Owner Election C	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼		300.00	
SUBTOTAL of Receipts This Page (optional)			950.00
, -3- ()			
TOTAL This Period (last page this line number	only))	

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 43
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 11d
		Detailed Summary Page	12 13a 13b 14 15
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	lame and add	iress or any political committee to	Solicit Contributions from Such Committee.
Friends of Tim Johnson			
Full Name (Last, First, Middle Initial) A. Bob Frederick			Date of Receipt
Mailing Address 129 West Main Street			12 29 2005
City <u>Urbana</u>	State IL	Zip Code 61801	Transaction ID: 60104.C6850
FEC ID number of contributing	-	01001	Amount of Each Receipt this Period
federal political committee.	C		412.30
Name of Employer Frederick & Hagle	Occupation	1	Receipt
Receipt For: 2006	Attorney Flection C	ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General		412.30	1
Other (specify) ▼	0 0	412.30	
Full Name (Last, First, Middle Initial) 3. Jeffrey Frederick			Date of Receipt
Mailing Address 7 Goldfinch	12 29 2005		
City	State	Zip Code	Transaction ID: 60104.C6858
Savoy	IL	61874	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		350.00 Receipt
Name of Employer Johnson, Frank, Frederick,	Occupation Attorney	1	Limit Increased Due to Opponent's
& W Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	0 0	350.00	
Full Name (Last, First, Middle Initial)			
Jim Hagle Mailing Address 713 South Elm Blvd.			Date of Receipt
			12 29 2005
City <u>Champaig</u> n	State II	Zip Code 61820-5851	Transaction ID: 60104.C6857 Amount of Each Receipt this Period
FEC ID number of contributing		0.020 000.	350.00
federal political committee.	C		
Name of Employer Johnson, Frank, Frederick	Occupation	1	Receipt
& Wa Receipt For: 2006	Attorney	ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	Licction		1
Other (specify) ▼	0 0	350.00	
SUBTOTAL of Receipts This Page (optional)			1112.30
TOTAL This Period (last page this line number of	nnly)		

S	CHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 43
	EMIZED RECEIPTS	or each category of the	(check only one)
•••	LIMIZED RECEIF 13	Detailed Summary Page	X 11a 11b 11c 11d 15 15 15 15 15 15 1
Ar	ny information copied from such Reports and Statements	may not be sold or used by any perso	
or	for commercial purposes, other than using the name and	address of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)		
$ \rangle$	Friends of Tim Johnson		
\angle			
Α.	Full Name (Last, First, Middle Initial) Timothy & Kristen Harrington		Date of Receipt
Λ.	Mailing Address 1501 Waterford Place		M M / D D / Y Y Y Y
	1301 Wateriord Flace		12 29 2005
	City State	Zip Code	Transaction ID: 60104.C6851
	<u>Champaign</u> IL	61821	Amount of Each Receipt this Period
	FEC ID number of contributing		300.00
	federal political committee.		300.00
	Name of Employer Occup.	ation	Receipt
	Doddcon Travel	I Agent	Limit Increased Due to Opponent's
		on Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		
	Other (specify) ▼	300.00	
_			
ь	Full Name (Last, First, Middle Initial)		Data of Bassist
В.			Date of Receipt
	Mailing Address 505 South Fifth St		12 29 2005
	City State	Zip Code	Transaction ID: 60104.C6861
	Champaign IL	61820	Amount of Each Receipt this Period
	FFO ID combined for a life time.		
	federal political committee.		300.00
	1	.:	Receipt
	Name of Employer JSM Apartments Occup Owne		Limit Increased Due to Opponent's
		on Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	on Cycle-to-Date	
	Other (specify) ▼	300.00	
			'
_	Full Name (Last, First, Middle Initial)		
C.	Dave Kuhl		Date of Receipt
	Mailing Address 101 Greencroft Drive		12 29 2005
	City State	Zip Code	Transaction ID: 60104.C6853
	Champaign IL	61821	Amount of Each Receipt this Period
	FFC ID number of contributing	· · · · · · · · · · · · · · · · · · ·	
	federal political committee.		1000.00
	Name of Employer Occup	ation	Receipt
	Busey Bank Banke		Limit Increased Due to Opponent's
		on Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		
	Other (specify) ▼	1000.00	
_			
			1600.00
S	SUBTOTAL of Receipts This Page (optional)	······	1000.00
T	OTAL This Period (last page this line number only)	>	

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 43 (check only one)
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Friends of Tim Johnson		71	
Α.	Full Name (Last, First, Middle Initial) Larry Maschhoff Mailing Address 1216 Dianne Drive			Date of Receipt
	City	State	Zip Code	1 1 3 0 2 0 0 5 Transaction ID: 60104.C6825
	Bloomington	<u>IL</u>	61704	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer BankIllinois	Occupation Presiden	t	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	cycle-to-Date ▼ 300.00	Opending (2 0.0.0. 441a(i)/441a 1)
В.	Full Name (Last, First, Middle Initial) Carl Meyer			Date of Receipt
	Mailing Address 2211 Eagle Ridge Roa	1 0 1 3 2 0 0 5 Transaction ID: 51014.C6764		
	Champaign	State IL	Zip Code 61822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		175.00
	Name of Employer Parkland College		on Director	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	cycle-to-Date ▼ 325.00	
C.	Full Name (Last, First, Middle Initial) Dennis Ohnstad			Date of Receipt
	Mailing Address 2607 East Main Street			12 29 2005
	City Urbana	State IL	Zip Code 61802	Transaction ID: 60104.C6855
		IL	01802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 Receipt
	Name of Employer Riley Homes Receipt For: 2006		n y president Sycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	Licetion	250.00	
s	UBTOTAL of Receipts This Page (optional)			725.00
Г	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC	•	Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 15 / 43 (check only one)
IT LIVIIZED MECLIF I	3	Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Any information copied from suc or for commercial purposes, oth	ch Reports and Statements may er than using the name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Friends of Tim Johnson	Full)		
Full Name (Last, First, Middl Aaron Quick Mailing Address 1401 Me			Date of Receipt
City Pontiac	State IL	Zip Code 61764	Transaction ID: 60104.C6824 Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		150.00
Name of Employer Farnsworth Group Receipt For: 2006 X Primary General Control (Specify) ▼	Election C	nent Affairs Cycle-to-Date 250.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middl Robert Rice Mailing Address PO Box	,		Date of Receipt
City	State	Zip Code	1 2 2 9 2 0 0 5 Transaction ID: 60104.C6862
Philo FEC ID number of contributi federal political committee.	ng C	61864	Amount of Each Receipt this Period 300.00
Name of Employer Self-employed Receipt For: 2006 X Primary Gene Other (specify) ▼		Cycle-to-Date ▼ 300.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middl George Shapland	e Initial)		Date of Receipt
Mailing Address 3 Green			12 29 2005
City Champaign	State IL	Zip Code 61821	Transaction ID: 60104.C6849 Amount of Each Receipt this Period
FEC ID number of contributi federal political committee.	ng C		300.00
Name of Employer Shapland Management	Occupatio Real Esta	ate	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 X Primary General Other (specify) ▼		Cycle-to-Date ▼ 300.00	
SUBTOTAL of Receipts This I	Page (optional)		750.00
TOTAL This Period (last page	this line number only))	

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 43			
TEMIZED RECEIPTS		or each category of the	(check only one)			
		Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15			
Any information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions			
or for commercial purposes, other than using the na	ame and add	iress of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Friends of Tim Johnson						
/ Friends of Till Johnson						
Full Name (Last, First, Middle Initial)			Date of Receipt			
A. David Sholem Mailing Address 1102 West Armory			Date of Receipt			
			12 29 2005			
City	State	Zip Code	Transaction ID: 60104.C6859			
Champaign	IL	61821	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		300.00			
Name of Employer	Occupation	1	Receipt			
Meyer, Capel	Attorney		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
Receipt For: 2006 X Primary General	Election C	ycle-to-Date ▼	σροποιτής (2 ο.ο.ο. πτα(η/πτα τ)			
Other (specify)		300.00				
Full Name (Last, First, Middle Initial) 3. Jim Slattery			Date of Receipt			
Mailing Address 1776 K Street NW	Mailing Address 1776 K Street NW					
City	State	Zip Code	Transaction ID: 51014.C6736			
Washington	DC	20006	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		500.00			
Name of Employer	Occupation	1	Receipt			
	Attorney		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
Receipt For: 2006 X Primary General	Election C	ycle-to-Date ▼	= 5ponding (2 0.0.0. 4414(1)/4414 1)			
Other (specify)		500.00				
Full Name (Last, First, Middle Initial) 2. Jack Snyder			Date of Receipt			
Mailing Address 6 Brookridge Court			M M / D D / Y Y Y Y			
City	State	Zip Code	12 01 2005			
Bloomington	State IL	61701	Transaction ID: 60104.C6840 Amount of Each Receipt this Period			
FEC ID number of contributing						
federal political committee.	C		150.00			
Name of Employer Self-employed	Occupation	1	Receipt			
		te development	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
Receipt For: 2006	Election C	ycle-to-Date ▼	Opending (2 0.5.0. 441d(1)/441d-1)			
X Primary General Other (specify)		250.00				
Cario. (cpcca.)/ •	-					
SUBTOTAL of Receipts This Page (optional)			950.00			
ODITIAL OF NECERPLS THIS FAGE (OPLICITAL)		······				
TOTAL This Period (last page this line number on	nly)	>				

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/43
TEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 11d
		Detailed Summary Page	12 13a 13b 14 15
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Friends of Tim Johnson			
Full Name (Last, First, Middle Initial) Jon Stewart			Date of Receipt
Mailing Address 4207 Brittany Trail Driv			12 01 2005
City <u>Champaign</u>	State II	Zip Code 61822-8506	Transaction ID: 60104.C6836
FEC ID number of contributing federal political committee.	C	01022-6300	Amount of Each Receipt this Period 150.00
Name of Employer TRI Star Marketing	Occupation President		Receipt Limit Increased Due to Opponent's
Receipt For: 2006 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 325.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) 3. Jon Stewart			Date of Receipt
Mailing Address 4207 Brittany Trail Driv	12 29 2005		
Champaign	State IL	Zip Code	Transaction ID: 60104.C6848
Champaign	IL.	61822-8506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00 Receipt
Name of Employer TRI Star Marketing	Occupation President		Limit Increased Due to Opponent's
Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	0 0	625.00	
Full Name (Last, First, Middle Initial) C. Steve & Linda Stockton			Date of Receipt
Mailing Address 19 Brompton Court			11 30 / 9 2005
City	State	Zip Code	Transaction ID: 60104.C6814
Bloomington	IL	61704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00 Receipt
Name of Employer State Farm	Occupation Executive		Limit Increased Due to Opponent's
Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	0 0	300.00	
SUBTOTAL of Receipts This Page (optional)			600.00
TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3	3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 43
ITEMIZED RECEIPTS	•	or each category of the	(check only one) X 11a 11b 11c 11d
		Detailed Summary Page	12 13a 13b 14 15
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ig the hame and add	areas or any pomical committee to	
Friends of Tim Johnson			
Full Name (Last, First, Middle Initial) A. Steven Wannemacher			Date of Receipt
Mailing Address 23 Monarch Dr		7:01	11 30 2005
City Bloomington	State IL	Zip Code 61704	Transaction ID: 60104.C6831 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	01704	150.00
Name of Employer Heritage Enterprises	Occupation C.E.O.	n	Receipt Limit Increased Due to Opponent's
Receipt For: 2006 X Primary General	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) B. Joseph Whelan	<u>'</u>		Date of Receipt
Mailing Address 1717 Briarcliff Dr.			1 2 D D / Y Y Y Y Y Y 2 0 0 5
City	State	Zip Code	Transaction ID: 60104.C6832
<u>Urbana</u>	<u> L</u>	61802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer State of Illinois	Occupation Sales	n	Receipt Limit Increased Due to Opponent's
Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) C. Ehud Yairi	•		Date of Receipt
Mailing Address 100 East McHenry	У		12 29 2005
City	State	Zip Code	Transaction ID: 60104.C6852
Urbana	IL	61801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00 Receipt
Name of Employer University of Illinois	Occupation Professo		Limit Increased Due to Opponent's
Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	0 0	1000.00	
SUBTOTAL of Receipts This Page (option	nal)		1450.00
TOTAL This Period (last page this line nu	mbor orl: \		8787.30
I IVIAL THIS PERIOD HAST DAME THIS TIME NO	moer only)		

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	CHEDULE B (I EMIZED DISB		·	for each	erate schedule(s) category of the Summary Page		heck only	NUMBER: one) (17		9 / 43 9b
	y Information copied fr for commercial purpos							or the purpose of	of solicating contribu	itions
	NAME OF COMMITTEE	, ,	-							
Α.	Full Name (Last, First Abbotts Florists Mailing Address							Transaction Date of Disb		0 5 Y
	City Champaign	PO Box 1561		tate L	Zip Code 61824-				ach Disbursement th	
	Purpose of Disburser Supplies Candidate Name	ment				00 Cateo	gory/		r Disposal of Excessions Required Unde	
	Office Sought: State: Di	House Senate President strict:		nent For: Primary Other (spe	General cify) ▼			SUPPLIES		
В.	Full Name (Last, First Abbotts Florists Mailing Address	t, Middle Initial) PO Box 1561						Transaction Date of Disb		0 5 Y
	City Champaign Purpose of Disburser Supplies Candidate Name	ment		state L	Zip Code 61824-	00 Cateç	gory/	Refund o	r Disposal of Excessions Required Unde	43.43
	Office Sought: State: Die	House Senate President strict:		nent For: Primary Other (spe	General cify) ▼	Тур	oe	SUPPLIES		
C.	Full Name (Last, First Ameren IP Mailing Address	t, Middle Initial) P.O. Box 511						Transaction Date of Disb		0 5 Y
	City Decatur Purpose of Disburser Utilities Candidate Name	ment		itate L	Zip Code 62525-	00 Cateo	gory/	Refund o	r Disposal of Excessions Required Unde	49.22
	Office Sought: State: Di	House Senate President strict:		nent For: Primary Other (spe	General cify) ▼			UTILITIES		

204.92

SUBTOTAL of Disbursements This Page (optional)

	CHEDULE B (FEC Form 3)	Use sepera	ate schedule(s)	FOR LINE (check only	NUMBER: PAGE 20 / 43
IT	EMIZED DISBURSEMENTS		tegory of the ummary Page	_ i `	χ 17
		Detailed St	illillary Fage		20a 20b 20c 21
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam				
Λ	NAME OF COMMITTEE (In Full)				
/	Friends of Tim Johnson				
<u>/</u>	Full Name (Last, First, Middle Initial)				Transaction ID: 51110.E2279
Α.	Ameren IP				Date of Disbursement
	Mailing Address P.O. Box 511				111 08 7 2005
	City Decatur		Zip Code 62525-		Amount of Each Disbursement this Period
	Purpose of Disbursement	IL .	02323-		40.85
	Utilities			001	Refund or Disposal of Excess
	Candidate Name			Category/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs	ement For:		Туре	
	Senate	Primary	General		UTILITIES
	President	Other (speci	fy) 🔻		
	State: District:				
В.	Full Name (Last, First, Middle Initial) Ameren IP				Transaction ID: 60104.E2307 Date of Disbursement
	7 Miloroff II				M M / D D / Y Y Y
	Mailing Address P.O. Box 511				12 08 2005
	City		Zip Code		Amount of Each Disbursement this Period
	Decatur	IL	62525-		43.43
	Purpose of Disbursement Utilities			001	Refund or Disposal of Excess
	Candidate Name			Category/	Contributions Required Under
				Туре	11 C.F.R. 400.53
	Office Sought: House Disburs Senate	ement For: Primary	General		UTILITIES
	President	Other (speci			
	State: District:				
C.	Full Name (Last, First, Middle Initial) Busey Bank				Transaction ID: 51014.E2259
•	busey bank				Date of Disbursement
	Mailing Address 201 W. Main				$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix} $
	City Urbana		Zip Code 61801-		Amount of Each Disbursement this Period
	Purpose of Disbursement				1016.50
	Interest Payment Candidate Name			009	Refund or Disposal of Excess Contributions Required Under
	Candidate Ivalite			Category/ Type	11 C.F.R. 400.53
	, H	ement For:			INTEREST PAYMENT
	Senate President	Primary	General		
	State: District:	Other (speci	ıy) ▼		
Г	l				
s	UBTOTAL of Disbursements This Page (optional)			>	1100.78

		_					
S	CHEDULE B (FEC Form 3)	Use sene	erate schedule(s)	\ I	-	NUMBER: PAGE 21 / 43
IT	EMIZED DISBURSEMENT	ΓS	for each	category of the (' (·	check only	
			Detailed:	Summary Page			X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports a for commercial purposes, other than usin						or the purpose of solicating contributions licit contributions from such committee
Λ	NAME OF COMMITTEE (In Full)						
	Friends of Tim Johnson						
_	Full Name (Last, First, Middle Initial)						Transaction ID: 60104.E2286
A.	Busey Bank						Date of Disbursement
	Mailing Address 201 W. Main						$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix}$
	City Urbana		State IL	Zip Code 61801-			Amount of Each Disbursement this Period
	Purpose of Disbursement		IL .	61001-		-	1068.73
	Interest Payment				ļļo	09	Refund or Disposal of Excess
	Candidate Name				l .	egory/ ype	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate	Disburser	ment For: Primary	General			INTEREST PAYMENT
	President		Other (spe				
	State: District:			, ,			
_	Full Name (Last, First, Middle Initial)						Transaction ID: 60111.E2326
В.	Busey Bank						Date of Disbursement
	Mailing Address 201 W. Main						$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix}$
	City		State	Zip Code			Amount of Each Disbursement this Period
	Urbana		IL	61801-	l		1044.55
	Purpose of Disbursement Interest Payment				0	09	Refund or Disposal of Excess
	Candidate Name				Cate	egory/ ype	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser					INTEREST PAYMENT
	Senate President		Primary	General			
	State: District:		Other (spe	city) \blacktriangledown			
	Full Name (Last, First, Middle Initial)						Transaction ID: 51011.E2246
C.	Chrisman Leader						Date of Disbursement
	Mailing Address PO Box 87						$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 4 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix}$
	City Chrisman		State IL	Zip Code 61924-			Amount of Each Disbursement this Period
	Purpose of Disbursement						27.00
	Advertising Candidate Name				_	04 egory/	Refund or Disposal of Excess Contributions Required Under
	Canadate Hame					ype	11 C.F.R. 400.53
	Office Sought: House	Disburser					ADVERTISING
	Senate		Primary	General			, L v Li i i i i i i i
	President State: District:		Other (spe	ecity)			
	State: District:						
١	URTOTAL of Dishursements This Page	(ontional)					2140.28

iiay	20300170103				
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate sch for each category Detailed Summan	of the	FOR LINE (check only	
	y Information copied from such Reports and S for commercial purposes, other than using the				or the purpose of solicating contributions
\rangle	NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Α.	Full Name (Last, First, Middle Initial) Chrisman Leader Mailing Address PO Box 87				Transaction ID: 60104.E2304 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chrisman Purpose of Disbursement Advertising	State Zip Co IL 6192		004	Amount of Each Disbursement this Period 27.00 Refund or Disposal of Excess
	Candidate Name Office Sought: House Dis Senate President State: District:	bursement For: Primary Other (specify)	General	Category/ Type	Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
В.	Full Name (Last, First, Middle Initial) David Davis Mansion Foundation Mailing Address 1000 E Monroe				Transaction ID: 60104.E2296 Date of Disbursement M M M / D B / Y Y Y O S S
	City Bloomington Purpose of Disbursement Fundraising Expense Candidate Name Office Sought: House Dis	State Zip Co IL 6170 bursement For:	1-	003 Category/ Type	Amount of Each Disbursement this Period 600.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING EXPENSE
C.	State: District: Full Name (Last, First, Middle Initial) Devonshire Realty	Other (specify)			Transaction ID: 51011.E2251 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Senate President	bursement For:	4-0140	001 Category/ Type	Amount of Each Disbursement this Period 575.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT
<u>_</u>	State: District:	1)			1202.00
Ls	UBTOTAL of Disbursements This Page (opti-	onal)			1202.00

	CHEDULE B (FEC Form 3)	Use sepe	rate schedule(s)	FOR LINE (check only	NUMBER: PAGE 23 / 43
IT	EMIZED DISBURSEMENTS		ategory of the Summary Page	l ` <u>-</u>	χ 17
		Detailed	dillillary r age		20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
\setminus	NAME OF COMMITTEE (In Full)				
/	Friends of Tim Johnson				
<u>/</u>	Full Name (Last, First, Middle Initial)				Transaction ID: 60104.E2285
A.	Devonshire Realty				Date of Disbursement
	Mailing Address PO Box 140				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix} $
	City Champaign	State IL	Zip Code 61824-0140		Amount of Each Disbursement this Period
	Purpose of Disbursement				575.00
	Rent Candidate Name			001	Refund or Disposal of Excess Contributions Required Under
	Candidate Name			Category/ Type	11 C.F.R. 400.53
	• 🗎 –	ement For:			RENT
	Senate President	Primary Other (spec	General		
	State: District:	Other (spec	511 y) ▼		
_	Full Name (Last, First, Middle Initial)				Transaction ID: 60104.E2312
В.	Devonshire Realty				Date of Disbursement
	Mailing Address PO Box 140				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix}$
		State	Zip Code		Amount of Each Disbursement this Period
	Champaign Purpose of Dishurance at 1	IL	61824-0140		575.00
	Purpose of Disbursement Rent			001	Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ement For:			RENT
	Senate President	Primary Other (spec	General		
	State: District:	ounon (opon	y y) ∀		
_	Full Name (Last, First, Middle Initial)				Transaction ID: 51014.E2262
C.	Director of Employment Security				Date of Disbursement
	Mailing Address 850 East Madison Street				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & 1 & 3 \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix}$
	City Springfield	State IL	Zip Code 62702-		Amount of Each Disbursement this Period
	Purpose of Disbursement			004	72.38
	Taxes Candidate Name			001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	ement For:		. 750	TAVES
	Senate	Primary	General		TAXES
	President State: District:	Other (spec	city) 🔻		
Г					
s	UBTOTAL of Disbursements This Page (optional)				1222.38

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule for each category of th Detailed Summary Pag	е	FOR LINE (check only	
	y Information copied from such Reports and for commercial purposes, other than using the				or the purpose of solicating contributions
\rangle	NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Α.	Full Name (Last, First, Middle Initial) Electoral Design Mailing Address 4362 Raleigh Ave.,	#102			Transaction ID: 51011.E2249 Date of Disbursement MOM ODD ODD Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Alexandria	State Zip Code VA 22304-			Amount of Each Disbursement this Period
	Purpose of Disbursement Website Expense Candidate Name			004 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House District: Senate President State: District:	sbursement For: Primary Gener Other (specify)	al		WEBSITE EXPENSE
В.	Full Name (Last, First, Middle Initial) FedEx Kinkos				Transaction ID: 51014.E2256 Date of Disbursement
	Mailing Address 505 S. Mattis				1 0 M / D 1 3 / Y 2 0 0 5 Y
	City Champaign	State Zip Code IL 61821-			Amount of Each Disbursement this Period
	Purpose of Disbursement Printing Candidate Name			003 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	sbursement For: Primary Gener Other (specify) ▼	al		PRINTING
	State: District:				
C.	Full Name (Last, First, Middle Initial) FedEx Kinkos				Transaction ID: 60104.E2291 Date of Disbursement
	Mailing Address 505 S. Mattis				1 1 M 1 M / D 2 3 / Y 2 0 0 5 Y
	City Champaign	State Zip Code IL 61821-			Amount of Each Disbursement this Period
	Purpose of Disbursement Printing Candidate Name			003 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	sbursement For: Primary Gener Other (specify)	al		PRINTING
_	State: District:				
٩	IJRTOTAL of Disbursements This Page (ont	ional)			5179.05

SUBTOTAL of Disbursements This Page (optional)

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s for each category of the Detailed Summary Page	(check onl	NUMBER: PAGE 25 / 43 y one) X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			for the purpose of solicating contributions
	NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
Α.	Full Name (Last, First, Middle Initial) Herriotts Mailing Address 2100 S. Neil			Transaction ID: 51028.E2266 Date of Disbursement 10
	City Savoy Purpose of Disbursement	State Zip Code IL 61874-	1	Amount of Each Disbursement this Period 530.13
	Fundraising Expense Candidate Name		003 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: Primary General Other (specify)		FUNDRAISING EXPENSE
	State: District:			
В.	Full Name (Last, First, Middle Initial) Illinois Department of Rev			Transaction ID: 51014.E2261 Date of Disbursement
	Mailing Address Willard Ice Bldg. 101 West Jefferson	10 M / D 1 3 / Y 2 0 0 5 Y		
	City Springfield	State Zip Code IL 62702-		Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes		001	Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: Primary General Other (specify)	•	TAXES
	State: District:			
C.	Full Name (Last, First, Middle Initial) Illinois Lincoln Series			Transaction ID: 51110.E2284 Date of Disbursement
	Mailing Address PO Box 414			111 / 10 / 2005
	City Winfield	State Zip Code IL 60190-		Amount of Each Disbursement this Period
	Purpose of Disbursement Donation		012	250.00 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) ▼	•	DONATION
	State: District:			
s	UBTOTAL of Disbursements This Page (optional)			991.57

S	CHEDULE B (FEC Form 3)	Haraman L. J. C.	FOR LINE	NUMBER: PAGE 26 / 43	_			
	EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	(check only		-			
ı I		Detailed Summary Page		X 17 18 19a 19b				
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name							
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
/	Friends of Tim Johnson							
١.	Full Name (Last, First, Middle Initial) The Ugly Mug			Transaction ID: 60104.E2317 Date of Disbursement				
	Mailing Address 723 8th Street SE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix}$				
	City Washington	State Zip Code DC 20003-		Amount of Each Disbursement this Period	_			
	Purpose of Disbursement Event Expense		007	206.25 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)		EVENT EXPENSE				
	Full Name (Last, First, Middle Initial)				_			
3.	Jillians			Transaction ID: 60104.E2314 Date of Disbursement				
	Mailing Address 1201 S. Neil St			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ D & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix}$				
	City Champaign	State Zip Code IL 61820-		Amount of Each Disbursement this Period				
	Purpose of Disbursement		280.00					
	Event Expense Candidate Name		007 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: Senate President State: Disburse	ement For: Primary General Other (specify)		EVENT EXPENSE				
Э.	Full Name (Last, First, Middle Initial) Jillians			Transaction ID: 60104.E2313 Date of Disbursement	_			
	Mailing Address 1201 S. Neil St			$\begin{bmatrix}\begin{smallmatrix}M\\1&2\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\0&9\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\2&0&0&5\end{smallmatrix}$				
	City Champaign	State Zip Code IL 61820-		Amount of Each Disbursement this Period	_			
	Purpose of Disbursement Event Expense		007	280.00 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)		EVENT EXPENSE				
s	UBTOTAL of Disbursements This Page (optional)		>	766.25	_			
T	TOTAL This Period (last page this line number only)							

nage# 20900170110		
SCHEDULE B (FEC Form 3 ITEMIZED DISBURSEMENT	Use seperate schedule(s)	FOR LINE NUMBER: (check only one) X 17
		by any person for the purpose of solicating contributions committee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) Friends of Tim Johnson		
A. Full Name (Last, First, Middle Initial) Keelen Communications Mailing Address PO Box 2776		Transaction ID: 60104.E2301 Date of Disbursement
City Arlington Purpose of Disbursement Fundraising Expense Candidate Name Office Sought: House Senate President	State Zip Code VA 22202- Disbursement For: Primary General Other (specify)	Amount of Each Disbursement this Period 1740.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING EXPENSE
State: District: Full Name (Last, First, Middle Initial) B. Brian Kelly		Transaction ID: 51014.E2252
Mailing Address 2404 Windward #204	Blvd Apt 203	Date of Disbursement M M / D 1 3 / Y Y Y O Y 5 Y
City Champaign	State Zip Code IL 61821-	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Reimbursement Candidate Name		O02 Category/ Type 240.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	TRAVEL REIMBURSEMENT
Full Name (Last, First, Middle Initial) C. Brian Kelly		Transaction ID: 51110.E2276 Date of Disbursement
Mailing Address 2404 Windward #204	Blvd Apt 203	1 0 M / D 2 7 / Y 2 0 0 5 Y
City Champaign Purpose of Disbursement Salary Candidate Name	State Zip Code IL 61821-	Amount of Each Disbursement this Period 1428.06 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	SALARY
SUBTOTAL of Disbursements This Page (optional)	3408.56

2	CHEDULE B (FEC Form 3)			1					
	•	Use seperate sche		FOR LINE (check only	NUMBER:		PA	GE	28 / 43
Τ	EMIZED DISBURSEMENTS	for each category		l `	only one)				10h
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Δn	y Information copied from such Reports and Staten	lents may not be sold	or used by	, any person f				ontri	
	for commercial purposes, other than using the nam								
\	NAME OF COMMITTEE (In Full)								
<u>/</u>	Friends of Tim Johnson								
١.	Full Name (Last, First, Middle Initial) Brian Kelly				Transaction Date of Display			22	77
	Mailing Address 2404 Windward Blvd Apr	203			11	0	3 / Y	ž	0 0 5
	City Champaign	State Zip Coo IL 61821			Amount of	Each I	Disburse	men	t this Period
	Purpose of Disbursement Travel Reimbursement		Г	002	Pofun	d or Die	sposal of	Evo	114.70
	Candidate Name			Category/ Type	Contrib		Required		
	Office Sought: House Disburse Senate President	ement For: Primary G Other (specify)	eneral	71	TRAVEL	REIMI	BURSE	MEI	NT
	State: District:								
3.	Full Name (Last, First, Middle Initial) Brian Kelly				Transaction Date of Display			229	90
	Mailing Address 2404 Windward Blvd Apt	203			11	^D 2	^D / Y	ž	0 0 5
	City Champaign	State Zip Coo			Amount of	Each I	Disburse	men	t this Period
	Purpose of Disbursement							1	428.06
	Salary Candidate Name			001 Category/ Type	Contrib		sposal of Required 0.53		
	Senate President	ement For: Primary G Other (specify)	eneral	Ni	SALARY				
	State: District:								
).	Full Name (Last, First, Middle Initial) Brian Kelly				Transaction Date of Di	sburse	ment	229	97
	Mailing Address 2404 Windward Blvd Apr	203			1 ^M 2 M	^D 0	1 / Y	ž	0 0 5
	City Champaign	State Zip Coo IL 61821			Amount of	Each I	Disburse	men	t this Period
	Purpose of Disbursement Travel Reimbursement		Г	002	Refund	d or Dis	sposal of	Exc	247.90 ess
	Candidate Name			Category/ Type	Contrib		Required		
	Office Sought: House Disburse Senate President State: District:	ement For: Primary G Other (specify)	eneral		TRAVEL	REIMI	BURSE	MEI	NT
S	UBTOTAL of Disbursements This Page (optional)							1	790.66
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S	CHEDULE B (FEC Form 3)	Use seper	ate schedule(s)	_	NUMBER: PAGE 29 / 43
IT	EMIZED DISBURSEMENTS		ategory of the	(check only	y one)
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	y Information copied from such Reports and State for commercial purposes, other than using the name				
\setminus	NAME OF COMMITTEE (In Full)				
/	Friends of Tim Johnson				
<u></u>	Full Name (Last, First, Middle Initial)				Transaction ID: 60104.E2316
A.	Brian Kelly				Date of Disbursement
	Mailing Address 2404 Windward Blvd Ap	ot 203			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 6 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix}$
	City	State	Zip Code		Amount of Each Disbursement this Period
	Champaign	IL	61821-		150.14
	Purpose of Disbursement Travel Reimbursement			002	156.14
	Candidate Name			Category/	Refund or Disposal of Excess Contributions Required Under
				Туре	11 C.F.R. 400.53
	v	ement For:	General		TRAVEL REIMBURSEMENT
	Senate President	Other (spec			
	State: District:		3 / ▼		
_	Full Name (Last, First, Middle Initial)				Transaction ID: 60104.E2318
В.	Brian Kelly				Date of Disbursement
	Mailing Address 2404 Windward Blvd Ap	ot 203			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix}$
	City	State	Zip Code		Amount of Each Disbursement this Period
	Champaign	IL	61821-		2606.23
	Purpose of Disbursement Salary			001	Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		ement For:			SALARY
	Senate President	Other (spec	General		
	State: District:	Ctrior (opoc	.) / ▼		
_	Full Name (Last, First, Middle Initial)				Transaction ID: 60104.E2299
C.	Lancasters				Date of Disbursement
	Mailing Address 513 N. Main St.				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix}$
	City Bloomington	State IL	Zip Code 61701-		Amount of Each Disbursement this Period
	Purpose of Disbursement				1855.13
	Fundraising Expense Candidate Name			003 Category/	Refund or Disposal of Excess Contributions Required Under
	Odridiate Name			Type	11 C.F.R. 400.53
	Office Sought: House Disburs	ement For:			FUNDRAISING EXPENSE
	Senate	Primary	General		. CADITATION ACT LINGE
	State: President District:	Other (spec	эну) 🔻		
Г	· · · · · · · · · · · · · · · · · · ·				
s	UBTOTAL of Disbursements This Page (optional)			>	4617.50

S	CHEDULE B (FEC Form 3)	Use sepe	Use seperate schedule(s) FOI				R:			PAGE 30 / 43	
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page		(check on	y one) X 17 20a		18 20b	$oldsymbol{\sqcup}$	ea [19b 21
	y Information copied from such Reports and S for commercial purposes, other than using the										
abla	NAME OF COMMITTEE (In Full)		71								
/	Friends of Tim Johnson										
A.	Full Name (Last, First, Middle Initial) Main Street Bank & Trust					Date of	of D	on ID:		4.E2	
	Mailing Address 100 W. University A	venue				1 0	IVI	″ <u></u> 1	3	Ľ.	ž 0 0 5 °
	City Champaign	State IL	Zip Code 61820-			Amou	nt o	f Each	Disbu	rseme	ent this Period
	Purpose of Disbursement Taxes			Q	001			d or Di			
	Candidate Name				egory/ ype			butions F.R. 40		ired (Jnder
	Office Sought: House Dis Senate President	sbursement For: Primary Other (spe	General ecify) ▼			TAXE	S				
_	State: District: Full Name (Last, First, Middle Initial)										
В.	Main Street Bank & Trust					Date of	of D	on ID:	ement		
	Mailing Address 100 W. University A	venue				10	М	[/] 1	3 /	Υ .	ž 0 0 5 °
	City Champaign	State IL	Zip Code 61820-			Amou	nt o	f Each	Disbu	rseme	ent this Period
	Purpose of Disbursement Taxes			Ö	001	Re	efun	d or Di	sposa	of Ex	38.49 ccess
	Candidate Name				egory/ ype			butions F.R. 40		ired (Jnder
	Office Sought: House Dis Senate President	sbursement For: Primary Other (spe	General ▼			TAXE	S				
	State: District:										
C.	Full Name (Last, First, Middle Initial) Managed Tax Services					Date o	of D	on ID:	ement	0.E2	281
	Mailing Address 2501 Galen Dr					11	М	0	8 /	Y	ž 0 0 5 °
	City Champaign	State IL	Zip Code 61826-			Amou	nt o	f Each	Disbu	rseme	ent this Period
	Purpose of Disbursement Tax Services			Ö	001	Re	efun	d or Di	sposa	of Ex	300.00 ccess
	Candidate Name				egory/ ype			butions F.R. 40		ired (Jnder
	Office Sought: House Dis Senate President State: District:	sbursement For: Primary Other (spe	General ▼			TAX S	SEF	RVICE	S		
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L S	UBTOTAL of Disbursements This Page (opt	onal)			•		-				2167.38
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Transaction ID: 51028.E220 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contri or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such common such common for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such common such co	
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contrior for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm NAME OF COMMITTEE (In Full) Friends of Tim Johnson Full Name (Last, First, Middle Initial) A. Mailing Address 2302 Fox Dr City Champaign IL 61820- Purpose of Disbursement Phone Service Candidate Name Office Sought: House Senate Primary General Disbursement Other (specify) ▼ City Champaign Purpose of Disbursement Primary General President State: District: Full Name (Last, First, Middle Initial) Mailing Address 2302 Fox Dr City State Zip Code IL 61820- Purpose of Disbursement Primary General Primary General Transaction ID: 60104.E225 Date of Disbursement Phone Service Candidate Name Office Sought: House Senate Primary General Prosesvice Candidate Name Office Sought: House Senate Primary General Prosesvice Candidate Name Office Sought: House Senate Primary General President Other (specify) ▼ Transaction ID: 51110.E22: Date of Disbursement Transaction ID: 51110.E22: Date of Disbursement Transaction ID: 51110.E22: Date of Disbursement Mailing Address 310 Floral Park Dr. City State Zip Code Amount of Each Disbursement Transaction ID: 51110.E22: Date of Disbursement	31 / 43 19b 21
Friends of Tim Johnson Full Name (Last, First, Middle Initial) A. Mcleod USA Mailing Address 2302 Fox Dr City Champaign Cfine Sought: House President State: District: City Champaign Champaign State Zip Code Primary General Primary General Primary Champaign Champaign City Champaign Champaign Contributions Required Unit C.F.R. 400.53 PHONE SERVICE Transaction ID: 51028.E226 Date of Disbursement District: Transaction ID: 501048.E225 Date of Disbursement Primary General Primary Champaign Champai	butions
A. Mcleod USA Mailing Address 2302 Fox Dr City Champaign City State Zip Code IL 61820- Purpose of Disbursement Phone Service Senate President State: District: Full Name (Last, First, Middle Initial) Champaign Cha	
City Champaign IL 61820- Purpose of Disbursement Phone Service Candidate Name Office Sought: House Senate Primary General State: District: Full Name (Last, First, Middle Initial) B. Malling Address 2302 Fox Dr City State Zip Code (Champaign IL 61820- Purpose of Disbursement Por: State Zip Code (Champaign IL 61820- Purpose of Disbursement Phone Service (Champaign IL 61820- Purpose of Disbursement Primary General Primary	69 0 0 5 Y
Candidate Name Candidate Name Contributions Required Un 11 C.F.R. 400.53 PHONE SERVICE Primary General Other (specify) ▼ State: District: B. Mailing Address 2302 Fox Dr City State Zip Code Candidate Name Candidate Name Category' Type PHONE SERVICE PHONE SERVICE Transaction ID: 60104.E223 Date of Disbursement Mailing Address 2302 Fox Dr City State Zip Code IL 61820- Purpose of Disbursement Phone Service Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Category' Type Amount of Each Disbursement Phone SERVICE PHONE SERVICE Transaction ID: 51110.E223 Date of Disbursement Phone Service Contributions Required Un 11 C.F.R. 400.53 PHONE SERVICE Transaction ID: 51110.E223 Date of Disbursement Phone Service Contributions Required Un 11 C.F.R. 400.53 PHONE SERVICE Transaction ID: 51110.E223 Date of Disbursement Mailing Address 310 Floral Park Dr.	t this Period
Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Mcleod USA Mailing Address 2302 Fox Dr City State Zip Code Champaign IL 61820- Purpose of Disbursement Phone Service Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Senate Primary General Other (specify) ▼ Transaction ID: 60104.E223 Date of Disbursement Phone Service Champaign Amount of Each Disbursement Contributions Required Unto 11 C.F.R. 400.53 PHONE SERVICE Transaction ID: 51110.E223 Date of Disbursement For: Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Mailing Address 310 Floral Park Dr. City State Zip Code Amount of Each Disbursement	ess der
B. Mcleod USA Mailing Address 2302 Fox Dr City State Zip Code Champaign IL 61820- Purpose of Disbursement Phone Service Candidate Name Office Sought: House Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Betsy Mitchell Mailing Address 310 Floral Park Dr. Date of Disbursement Amount of Each Disbursement Contributions Required Un 11 C.F.R. 400.53 PHONE SERVICE Transaction ID: 51110.E227 Date of Disbursement Transaction ID: 51110.E227 Date of Disbursement Amount of Each Disbursement Transaction ID: 51110.E227 Date of Disbursement Amount of Each Disbursement Transaction ID: 51110.E227 Date of Disbursement Amount of Each Disbursement	
City State Zip Code Champaign IL 61820- Purpose of Disbursement Phone Service Candidate Name City Champaign IL 61820- Purpose of Disbursement Phone Service Candidate Name Office Sought: House Disbursement For: Primary General Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address 310 Floral Park Dr. City State Zip Code Amount of Each Disbursement Amount of Each Disbursement Refund or Disposal of Exce Contributions Required Un 11 C.F.R. 400.53 PHONE SERVICE Transaction ID: 51110.E227 Date of Disbursement Mailing Address 310 Floral Park Dr.	93 0 0 5 Y
Purpose of Disbursement Phone Service Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) Betsy Mitchell Mailing Address 310 Floral Park Dr. City State Zip Code Refund or Disposal of Exce Contributions Required Unations Required Una	
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Betsy Mitchell Mailing Address 310 Floral Park Dr. City State Zip Code Primary Amount of Each Disbursement Amount of Each Disbursement	
C. Full Name (Last, First, Middle Initial) Betsy Mitchell Mailing Address 310 Floral Park Dr. Transaction ID: 51110.E227 Date of Disbursement 111 M O 1 V Y Y 2	
City State Zip Code Amount of Each Disbursement	
,	0 0 5
Savoy IL 61874- Purpose of Disbursement	t this Period
Consultant Fee Candidate Name O03 Category/ Type Refund or Disposal of Excernity Contributions Required Unit 11 C.F.R. 400.53	ess der
Office Sought: House Senate Primary General Other (specify) ▼ CONSULTANT FEE	
State: District:	

SUBTOTAL of Disbursements This Page (optional)

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S	CHEDULE E	3 (FEC Form 3	;)	Use sepe	erate schedule(s)		-	NUMBER:	PAGE 32 / 43
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								for the purpose of solica dicit contributions from s	
Λ	NAME OF COMM	, ,							
//	Friends of Tim	Johnson							
_	, ,	First, Middle Initial)						Transaction ID: 51	011.E2244
A.	SBC							Date of Disburseme	
	Mailing Address	225 W Randolp Floor 27A	h St					10	Ý Ž 0 Ď 5 ^Y
	City Chicago			State L	Zip Code 60606-			Amount of Each Dis	sbursement this Period
	Purpose of Disbu	rsement	<u> </u>						171.34
	Phone Service Candidate Name						001	Refund or Dispo	
	Candidate Name						tegory/ - ype	11 C.F.R. 400.5	
	Office Sought:	House	Disburser					PHONE SERVICE	≣
		Senate President		Primary Other (spe	General				
	State:	District:		CC. (Opc	······································				
_	, ,	First, Middle Initial)						Transaction ID: 51	028.E2270
В.	SBC							Date of Disburseme	
	Mailing Address	225 W Randolp Floor 27A	h St					10 7 20	['] 2005 [°]
	City Chicago			State L	Zip Code 60606-			Amount of Each Dis	sbursement this Period
	Purpose of Disbu	rsement		L	00000-				168.02
	Phone Service						001	Refund or Dispo	
	Candidate Name						tegory/ ype	Contributions Re	
	Office Sought:	House Senate	Disburser	ment For: Primary	General			PHONE SERVICE	<u> </u>
		President		Other (spe					
	State:	District:							
C.		First, Middle Initial)						Transaction ID: 60 Date of Disburseme	
								M M / D D D D D D D D D D D D D D D D D	2 0 0 5
	Mailing Address	225 W Randolp Floor 27A	h St					11 23	2003
	City Chicago			State L	Zip Code 60606-			Amount of Each Dis	sbursement this Period
	Purpose of Disbu	rsement							167.98
	Phone Service						001	Refund or Dispo	
	Candidate Name						tegory/ - ype	11 C.F.R. 400.5	
	Office Sought:	House	Disburser			<u> </u>	•	PHONE SERVICE	=
		Senate		Primary	General			THOME SERVICE	-
	State:	President District:		Other (spe	ecity) 🔻				
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S	CHEDULE B (FEC Form	3)	Use sepe	erate schedule(s)	_		NUMBER: PAGE 33 / 43
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			Detailed	Summary Page		⊢^	20a 20b 20c 21
	y Information copied from such Reports for commercial purposes, other than us						or the purpose of solicating contributions cit contributions from such committee
Λ	NAME OF COMMITTEE (In Full)						
17	Friends of Tim Johnson						
<u></u>	Full Name (Last, First, Middle Initial)						Transaction ID: E1011 F0050
A.	Jason Shelby						Transaction ID: 51011.E2250 Date of Disbursement
	Mailing Address 6402 Birchwoo	d Lane					$\begin{bmatrix} 1 & 0 & M & M & M & M & M & M & M & M & M$
	City Decatur		State IL	Zip Code 62521-			Amount of Each Disbursement this Period
	Purpose of Disbursement Salary				001	1	402.96 Refund or Disposal of Excess
	Candidate Name				Catego	ory/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate	Disburse	ment For:	General	71-		SALARY
	President		Primary Other (spe				
	State: District:						
В.	Full Name (Last, First, Middle Initial) Jason Shelby						Transaction ID: 51110.E2282 Date of Disbursement
	Mailing Address 6402 Birchwoo	od Lane					$\begin{bmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} / \begin{bmatrix} D & D \\ D & 8 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{bmatrix}^{Y}$
	City		State	Zip Code			Amount of Each Disbursement this Period
	Decatur Dishura areast		IL	62521-			236.32
	Purpose of Disbursement Salary				001	1	Refund or Disposal of Excess
	Candidate Name				Catego	ory/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate	Disburse	ment For: Primary	General			SALARY
	President		Other (spe	ecify) 🔻			
	State: District:						
C.	Full Name (Last, First, Middle Initial) Staples						Transaction ID: 51110.E2275 Date of Disbursement
	Mailing Address 2005 N. Prosp	ect					$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix}$
	City Champaign		State IL	Zip Code 61821-			Amount of Each Disbursement this Period
	Purpose of Disbursement					-	72.40
	Office Supplies				001	-	Refund or Disposal of Excess Contributions Required Under
	Candidate Name				Catego Type	- 1	11 C.F.R. 400.53
	Office Sought: House	Disburse	ment For:				OFFICE SUPPLIES
	Senate President		Primary Other (spe	General			-
	State: District:		Outer (Spe	ouly) ♥			
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\rangle	Friends of Tim	` '													
_	Full Name (Last, I	First, Middle Initial)						Trans	actio	n ID:	: 60	104.E	229	98	
Α.	Staples							Date	of Dis	burs	eme	-			Υ
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	City Champaign			State L	Zip Code 61821-			Amou	int of	Each	Disl	oursen	-		
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	Candidate Name					Category Type	7		ontribi C.F.			quired }	Und	der	
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	Mailing Address	2005 N. Prospec	ct					^M 2	M /	DC	8	/ Y	ž	0 Ď 5	Y
	City Champaign			State L	Zip Code 61821-			Amou	int of	Each	Disl	oursen	nent		-
	Purpose of Disbu	rsement					\neg	L.	_				0	55.6	67
	Office Supplies Candidate Name					001 Category Type	7	C		ution	s Re	sal of E quired }			
	Office Sought: State:	House Senate President District:	Disburser	ment For: Primary Other (spe	General ecify) ▼			OFFI	CE S	SUPF	PLIE	S			
_		First, Middle Initial)						_					00.4		
C.	Town and Cour							Date	of Dis	burs	emei)11.E nt			V
	Mailing Address	PO Box 5104						1 ^M 0	,	ے ر) ^D		2	0 Ď 5	
	City Scottsdale			State AZ	Zip Code 85261-			Amou	int of	Each	Disl	oursen	nent		
	Purpose of Disbur Advertising	rsement				004						sal of E			00
	Candidate Name					Category Type	/		C.F.			quired 3	UNC	uer	
	Office Sought:	House Senate President	Disburser	nent For: Primary Other (spe	General ecify) ▼			ADVE	RTIS	SINC	3				
_	State:	District:													

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						of or the purpose of solicating contributions solicit contributions from such committee
	NAME OF COMMITTEE (In Full) Friends of Tim Johnson	-				
Α.	Full Name (Last, First, Middle Initi Town and Country Advertisin Mailing Address PO Box 51	ng				Transaction ID: 60104.E2303 Date of Disbursement 1 2 0 6 7 2 0 0 5
	City Scottsdale		State AZ	Zip Code 85261-		Amount of Each Disbursement this Period
	Purpose of Disbursement Advertising Candidate Name				004 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	Disburse	ement For: Primary Other (spe	General ecify) ▼		ADVERTISING
В.	Full Name (Last, First, Middle Initi Tuscola Review Mailing Address 115 W Sale					Transaction ID: 51014.E2257 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Tuscola Purpose of Disbursement Advertising Expense Candidate Name		State IL	Zip Code 61953-	004 Category/	Amount of Each Disbursement this Period 90.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	Disburse	ement For: Primary Other (spe	General ecify) ▼	Туре	ADVERTISING EXPENSE
C.	Full Name (Last, First, Middle Initial U.S. Postmaster Mailing Address 2001 N. Ma	,				Transaction ID: 51110.E2283 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Champaign Purpose of Disbursement Postage Candidate Name		State IL	Zip Code 61821-	001 Category/ Type	Amount of Each Disbursement this Period 75.69 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	Disburse	ement For: Primary Other (spe	General ▼		POSTAGE

229.69

SUBTOTAL of Disbursements This Page (optional)

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S	CHEDULE B (FEC Form :	3)	Use sepe	erate schedule(s)		-	NUMBER: PAGE 36 / 43
IT	EMIZED DISBURSEMEN	TS	for each	category of the ((check only C	
			Detailed	Summary Page		F	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports for commercial purposes, other than usi						or the purpose of solicating contributions licit contributions from such committee
\setminus	NAME OF COMMITTEE (In Full)						
17	Friends of Tim Johnson						
<u></u>	Full Name (Last, First, Middle Initial)						
A.	U.S. Postmaster						Transaction ID: 60104.E2310 Date of Disbursement
	Mailing Address 2001 N. Mattis						1 2 M / D 0 9 / Y 2 0 0 5 Y
	City Champaign		State IL	Zip Code 61821-			Amount of Each Disbursement this Period
	Purpose of Disbursement Postage					0.1	111.00
	Candidate Name				Cate	egory/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburse				7 -	POSTAGE
	Senate President		Primary Other (spe	General			. 55.7.62
	State: District:			····, •			
_	Full Name (Last, First, Middle Initial)	•					Transaction ID: 51011.E2247
В.	Upclose Printing						Date of Disbursement
	Mailing Address 714 S. 6th						$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 5 \end{smallmatrix} \end{bmatrix}$
	City		State IL	Zip Code 61820-			Amount of Each Disbursement this Period
	Champaign Purpose of Disbursement		IL —	01020-			751.49
	Printing				0	03	Refund or Disposal of Excess
	Candidate Name					egory/ ype	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate	Disburse	ment For: Primary	General			PRINTING
	President		Other (spe				
	State: District:			., .			
_	Full Name (Last, First, Middle Initial)	•					Transaction ID: 51110.E2280
C.	Upclose Printing						Date of Disbursement
	Mailing Address 714 S. 6th						1 1 M
	City Champaign		State IL	Zip Code 61820-			Amount of Each Disbursement this Period
	Purpose of Disbursement Printing				0	03	358.08 Refund or Disposal of Excess
	Candidate Name				Cate	egory/ ype	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburse					PRINTING
	Senate President		Primary	General			
	State: District:		Other (spe	olly) ▼			
Г	2.00.100	<u> </u>					
١	IIRTOTAL of Disbursements This Page	(ontional)					1220.57

S	CHEDULE B (FEC Form 3)	Use sepe	erate schedule(s)	_		NUMBER: PAGE 37 / 43
IT	EMIZED DISBURSEMENT	ΓS	for each	category of the ((cn	neck only	· — — —
			Detailed :	Summary Page		×	17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports a for commercial purposes, other than usin						
\setminus	NAME OF COMMITTEE (In Full)						
17	Friends of Tim Johnson						
<u></u>	Full Name (Last, First, Middle Initial)						
A.	Upclose Printing						Transaction ID: 60104.E2305 Date of Disbursement
	Mailing Address 714 S. 6th						12 M / D 6 / Y 2 0 0 5 Y
	City Champaign		State L	Zip Code 61820-			Amount of Each Disbursement this Period
	Purpose of Disbursement						556.49
	Printing Candidate Name				003 Catego	ory/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser	nont For:		Туре	е	11 0.1 .11. 400.30
	Senate		Primary	General			PRINTING
	President		Other (spe	ecify) 🔻			
	State: District:						
В.	Full Name (Last, First, Middle Initial) Verizon Wireless						Transaction ID: 51014.E2254
	Venzon Wheless						Date of Disbursement
	Mailing Address PO Box 6170						10 M / D 1 3 / Y 2 0 0 5 Y
	City Carol Stream		State L	Zip Code 60197-			Amount of Each Disbursement this Period
	Purpose of Disbursement	<u>'</u>	<u>L</u>	00197-			179.87
	Phone Service				001	1	Refund or Disposal of Excess
	Candidate Name				Catego Type		Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser					PHONE SERVICE
	Senate President		Primary Other (spe	General			
	State: District:		C (Op 0	√,, \			
_	Full Name (Last, First, Middle Initial)						Transaction ID: 51028.E2271
C.	Verizon Wireless						Date of Disbursement
	Mailing Address PO Box 6170						$\begin{bmatrix} 1 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 &$
	City Carol Stream		State L	Zip Code 60197-			Amount of Each Disbursement this Period
	Purpose of Disbursement						150.00
	Phone Service				001		Refund or Disposal of Excess Contributions Required Under
	Candidate Name				Catego Type	-	11 C.F.R. 400.53
	Office Sought: House	Disburser					PHONE SERVICE
	Senate		Primary	General			THORE DELIVIOE
	State: President District:		Other (spe	ecity) 🔻			
Г	otate. District.						
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SCHEDULE B (FECForm 3)	Use seperate schedule(s)	-	NUMBER: PAGE 38 / 43
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 6170			Transaction ID: 60104.E2289 Date of Disbursement 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	7: 0		
City Carol Stream	State Zip Code IL 60197-		Amount of Each Disbursement this Period 150.00
Purpose of Disbursement Phone Service Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	rsement For: Primary General Other (specify)		PHONE SERVICE
Full Name (Last, First, Middle Initial) B. Verizon Wireless			Transaction ID: 60104.E2288 Date of Disbursement 1 1 7 2 0 0 5
Mailing Address PO Box 6170			11 17 2005
City Carol Stream	State Zip Code IL 60197-		Amount of Each Disbursement this Period
Purpose of Disbursement Phone Service Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	rsement For: Primary General Other (specify)		PHONE SERVICE
Full Name (Last, First, Middle Initial) C. Verizon Wireless			Transaction ID: 60104.E2302 Date of Disbursement
Mailing Address PO Box 6170			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 12 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 06 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 20055 \end{smallmatrix}$
City Carol Stream	State Zip Code IL 60197-		Amount of Each Disbursement this Period
Purpose of Disbursement Phone Service		001	150.00 Refund or Disposal of Excess
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	rsement For: Primary General Other (specify)		PHONE SERVICE
SUBTOTAL of Disbursements This Page (optional	n)		478.15
TOTAL This Period (last page this line number on			

Image# 26980170122

Verizon Wireless

Mailing Address

Carol Stream

Phone Service

Office Sought:

State:

Senate

District:

President

Primary

Other (specify)

General

Candidate Name

City

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

FOR LINE NUMBER: PAGE 39 / 43 Use seperate schedule(s) (check only one) for each category of the Detailed Summary Page 17 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Friends of Tim Johnson Full Name (Last, First, Middle Initial) Transaction ID: 60104.E2315 Date of Disbursement 16 2005 PO Box 6170 State Zip Code Amount of Each Disbursement this Period IL 60197-178.15 Purpose of Disbursement 001 Refund or Disposal of Excess Contributions Required Under Category/ 11 C.F.R. 400.53 Type Disbursement For: House

PHONE SERVICE

•	178.15
•	29450.66
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State:

SCHEDULE B (FEC Form 3)

District:

FOR LINE NUMBER: PAGE 40 / 43 Use seperate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the Detailed Summary Page 18 19a 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Friends of Tim Johnson Full Name (Last, First, Middle Initial) Transaction ID: 60104.E2311 Busey Bank Date of Disbursement 0 9 2005 Mailing Address 201 W. Main City State Zip Code Amount of Each Disbursement this Period Urbana IL 61801-70000.00 Purpose of Disbursement Repay Loan Made/Guar. by Cand 009 Loan P Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type 2006 Office Sought: Disbursement For: House Senate X Primary General President Other (specify)

		70000 00
SUBTOTAL of Disbursements This Page (optional)		70000.00
TOTAL This Period (last page this line number only)	•	70000.00

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 41 / 43
FOR LINE NUMBER: (check only one)

LUANS	Detailed Summary Page	(check only one) X 13a
NAME OF COMMITTEE (In Full)		1 100
Friends of Tim Johnson	T	
LOAN SOURCE Full Name (Last, First, Middle Initial)	ıran	saction ID: LS50714.C6626 Election:
Busey Bank		Primary General
Mailing Address 201 W. Main		X Other (specify) ▼ Primary
City Urbana State IL ZIP Cod	e 61801-	1 miles y
Original Amount of Loan Cumulative Payment To	Date Balar	ce Outstanding at Close of This Period
100000.00	70725.12	29274.88
TERMS Date Incurred Date Due	Interest	Rate Secured:
M M D D D D 2 4 2 0 0 0 0 20060521		8.750 % (apr) X Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial) Timothy V. Johnson	Name of Employer	
Mailing Address 413 Berringer Circle	Occupation	
413 Berninger Officie	Amount	
City State ZIP Code Urbana IL 61802-	Guaranteed Outstanding:	29274.88
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	0 0 0 0 0 0
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 Outstanding:	
SUBTOTALS This Period This Page (optional)	<u></u>	29274.88
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	dule D, carry forward to app	ropraite line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 42 / 43

FOR LINE NUMBER: (check only one)

LOANS	Detailed Summary Page	(check only one) X 13a
NAME OF COMMITTEE (In Full)		100
Friends of Tim Johnson	T	
LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank Mailing Address 201 W. Main	- E	Action ID: LS50714.C6625 Election: Primary General X Other (specify)
City Urbana State IL ZIP Coc	de 61801-	Primary
Original Amount of Loan Cumulative Payment To		Outstanding at Close of This Period
40000.00	0.00	40000.00
Date Incurred Date Due	Interest Ra	
0 3 0 9 2 0 0 0 20060521	8	8.750 % (apr) X Yes No
List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Timothy Johnson	Name of Employer	
Mailing Address 413 Berringer Circle	Occupation Attorney Amount	
City State ZIP Code Urbana IL 61802-	Guaranteed Outstanding:	40000.00
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
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)	<u> </u>	40000.00
TOTALS This Period (last page in this line only)	>	69274.88
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appro	praite line of Summary.

PAGE 43 / 43 SCHEDULE D (FEC Form 3) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each numbered line) (check only one) 9 X 10 **Excluding Loans** NAME OF COMMITTEE (In Full) Friends of Tim Johnson A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Busey Bank 009 Accured Interest Mailing Address 201 W. Main ZIP Code City State Urbana IL 61801-Outstanding Balance Beginning This Period Transaction ID: LS51014.E2259 700.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2401.63 3129.78 -28.15 -28.15 1) SUBTOTALS This Period This Page (optional)..... -28.15 2) TOTALS This Period (last page this line number only)..... 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

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