

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Tim Johnson

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	34732.30	130913.75
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	34732.30	130813.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	30161.99	120549.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	30161.99	120549.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	80022.37	
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).....	69246.73	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Friends of Tim Johnson

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

8787.30

17887.30

(ii) Unitemized.....

9445.00

36125.00

(iii) TOTAL of contributions

18232.30

54012.30

from individuals..... ▶

0.00

196.00

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACS).....

16500.00

76705.45

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

34732.30

130913.75

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

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

0.00

0.00

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

0.00

0.00

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

34732.30

130913.75

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30161.99	120549.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	70000.00	170000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	70000.00	170000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	100.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	100161.99	290649.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	145452.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	34732.30
25. SUBTOTAL (add Line 23 and Line 24).....	180184.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	100161.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	80022.37

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

Name of Candidate Tim Johnson		Candidate ID Number H0IL15053
Name of Principal Campaign Committee Friends of Tim Johnson		Committee ID Number C C00350421
Committee Address PO Box 17097		
City Urbana	State IL	ZIP 61803-
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	130913.75	0.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	130913.75	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 43
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
ADM PAC

Mailing Address PO Box 1470

City State Zip Code
Decatur IL 62525

FEC ID number of contributing federal political committee. **C** C00093963

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 5

Transaction ID: 51028.C6793

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Hospital Assoc PAC

Mailing Address 325 Seventh Street, N.W.

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 5

Transaction ID: 51014.C6733

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Bank PAC

Mailing Address 1120 Connecticut Ave, NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60104.C6854

Amount of Each Receipt this Period
1500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 43
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Caterpillar Employees PAC

Mailing Address 100 NE Adams Street

City Peoria State IL Zip Code 61629

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60104.C6869

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 101 Constitution Ave, NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 5

Transaction ID: 51014.C6734

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Engineers Political Education Committee

Mailing Address 1125 Seventeenth Street Northwest

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 5

Transaction ID: 51014.C6735

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)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 43
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Exelon PAC

Mailing Address PO Box 805379

City State Zip Code
Chicago IL 60680-5379

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2005

Transaction ID: 60104.C6843

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Laborers Political League

Mailing Address 905 16th Street, NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2005

Transaction ID: 60104.C6866

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NBWA PAC

Mailing Address 1100 King Street Suite 600

City State Zip Code
Alexandria VA 22314-2944

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2005

Transaction ID: 60104.C6813

Amount of Each Receipt this Period
2500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	7500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 43
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Tate & Lyle

Mailing Address 2200 E Eldorado St

City State Zip Code
Decatur IL 62525

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	0	5

Transaction ID: 51028.C6808

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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	16500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Byron Boddy

Mailing Address 1024 S Clay

City Jacksonville State IL Zip Code 62650

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 5

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)

B. Full Name (Last, First, Middle Initial)
Mary Dodds

Mailing Address 1005 W. University

City Champaign State IL Zip Code 61821

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

Name of Employer Cody Holdings, LLC Occupation Owner

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60104.C6860

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
J. Andrew Edwards

Mailing Address 990A County Road 1350 East

City Tolono State IL Zip Code 61880

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

Name of Employer Greenlawn Farms Occupation Owner

Receipt For: 2006 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 5

Transaction ID: 51028.C6778

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
James Finnegan

Mailing Address 201 Imperial Dr.

City State Zip Code
Bloomington IL 61701

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

Name of Employer State Farm Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 5

Transaction ID: 60104.C6841

Amount of Each Receipt this Period
150.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Peter Fox

Mailing Address 1118 West Armory

City State Zip Code
Champaign IL 61821

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

Name of Employer Fox Development Occupation
Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60104.C6870

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Rudy Frasca

Mailing Address 906 Airport Road

City State Zip Code
Urbana IL 61801

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

Name of Employer Frasca International Occupation
Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60104.C6863

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

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

Mailing Address 129 West Main Street

City Urbana State IL Zip Code 61801

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

Name of Employer Frederick & Hagle Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 412.30

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 5

Transaction ID: 60104.C6850

Amount of Each Receipt this Period
 412.30

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jeffrey Frederick

Mailing Address 7 Goldfinch

City Savoy State IL Zip Code 61874

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

Name of Employer Johnson, Frank, Frederick, & W Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 5

Transaction ID: 60104.C6858

Amount of Each Receipt this Period
 350.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jim Hagle

Mailing Address 713 South Elm Blvd.

City Champaign State IL Zip Code 61820-5851

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

Name of Employer Johnson, Frank, Frederick & Wa Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 5

Transaction ID: 60104.C6857

Amount of Each Receipt this Period
 350.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1112.30**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Timothy & Kristen Harrington

Mailing Address 1501 Waterford Place

City State Zip Code
Champaign IL 61821

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

Name of Employer Occupation
Doddson Travel Travel Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60104.C6851

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael Hartman

Mailing Address 505 South Fifth St

City State Zip Code
Champaign IL 61820

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

Name of Employer Occupation
JSM Apartments Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60104.C6861

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dave Kuhl

Mailing Address 101 Greencroft Drive

City State Zip Code
Champaign IL 61821

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

Name of Employer Occupation
Busey Bank Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60104.C6853

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)	1600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Larry Maschhoff

Mailing Address 1216 Dianne Drive

City State Zip Code
Bloomington IL 61704

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

Name of Employer Bankllinois Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 5

Transaction ID: 60104.C6825

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Carl Meyer

Mailing Address 2211 Eagle Ridge Road

City State Zip Code
Champaign IL 61822

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

Name of Employer Parkland College Occupation Foundation Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 5

Transaction ID: 51014.C6764

Amount of Each Receipt this Period
175.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Dennis Ohnstad

Mailing Address 2607 East Main Street

City State Zip Code
Urbana IL 61802

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

Name of Employer Riley Homes Occupation Company president

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60104.C6855

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **725.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Aaron Quick

Mailing Address 1401 Mesquite

City State Zip Code
Pontiac IL 61764

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

Name of Employer Farnsworth Group
Occupation Government Affairs

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 30 / 2005

Transaction ID: 60104.C6824

Amount of Each Receipt this Period
150.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert Rice

Mailing Address PO Box 448

City State Zip Code
Philo IL 61864

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

Name of Employer Self-employed
Occupation Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2005

Transaction ID: 60104.C6862

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
George Shapland

Mailing Address 3 Greencroft

City State Zip Code
Champaign IL 61821

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

Name of Employer Shapland Management
Occupation Real Estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2005

Transaction ID: 60104.C6849

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
David Sholem

Mailing Address 1102 West Armory

City State Zip Code
Champaign IL 61821

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

Name of Employer Meyer, Capel Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60104.C6859

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jim Slattery

Mailing Address 1776 K Street NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 5

Transaction ID: 51014.C6736

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jack Snyder

Mailing Address 6 Brookridge Court

City State Zip Code
Bloomington IL 61701

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

Name of Employer Self-employed Occupation Real estate development

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 5

Transaction ID: 60104.C6840

Amount of Each Receipt this Period
150.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Jon Stewart

Mailing Address 4207 Brittany Trail Drive

City State Zip Code
Champaign IL 61822-8506

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

Name of Employer TRI Star Marketing Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 5

Transaction ID: 60104.C6836

Amount of Each Receipt this Period
150.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jon Stewart

Mailing Address 4207 Brittany Trail Drive

City State Zip Code
Champaign IL 61822-8506

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

Name of Employer TRI Star Marketing Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60104.C6848

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Steve & Linda Stockton

Mailing Address 19 Brompton Court

City State Zip Code
Bloomington IL 61704

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

Name of Employer State Farm Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 5

Transaction ID: 60104.C6814

Amount of Each Receipt this Period
150.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Steven Wannemacher

Mailing Address 23 Monarch Dr

City State Zip Code
Bloomington IL 61704

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

Name of Employer Occupation
Heritage Enterprises C.E.O.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 5

Transaction ID: 60104.C6831

Amount of Each Receipt this Period
150.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joseph Whelan

Mailing Address 1717 Briarcliff Dr.

City State Zip Code
Urbana IL 61802

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

Name of Employer Occupation
State of Illinois Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 5

Transaction ID: 60104.C6832

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ehud Yairi

Mailing Address 100 East McHenry

City State Zip Code
Urbana IL 61801

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

Name of Employer Occupation
University of Illinois Professor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60104.C6852

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)	▶	1450.00
TOTAL This Period (last page this line number only)	▶	8787.30

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Abbotts Florists		Transaction ID: 51014.E2255 Date of Disbursement 10 / 13 / 2005
Mailing Address PO Box 1561		Amount of Each Disbursement this Period 112.27
City Champaign State IL Zip Code 61824-	Purpose of Disbursement Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SUPPLIES

Full Name (Last, First, Middle Initial) B. Abbotts Florists		Transaction ID: 60104.E2308 Date of Disbursement 12 / 08 / 2005
Mailing Address PO Box 1561		Amount of Each Disbursement this Period 43.43
City Champaign State IL Zip Code 61824-	Purpose of Disbursement Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SUPPLIES

Full Name (Last, First, Middle Initial) C. Ameren IP		Transaction ID: 51014.E2258 Date of Disbursement 10 / 13 / 2005
Mailing Address P.O. Box 511		Amount of Each Disbursement this Period 49.22
City Decatur State IL Zip Code 62525-	Purpose of Disbursement Utilities Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶	204.92
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Ameren IP		Transaction ID: 51110.E2279 Date of Disbursement 11 / 08 / 2005	
Mailing Address P.O. Box 511		Amount of Each Disbursement this Period 40.85	
City Decatur State IL Zip Code 62525-	Purpose of Disbursement Utilities Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ UTILITIES		

Full Name (Last, First, Middle Initial) B. Ameren IP		Transaction ID: 60104.E2307 Date of Disbursement 12 / 08 / 2005	
Mailing Address P.O. Box 511		Amount of Each Disbursement this Period 43.43	
City Decatur State IL Zip Code 62525-	Purpose of Disbursement Utilities Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ UTILITIES		

Full Name (Last, First, Middle Initial) C. Busey Bank		Transaction ID: 51014.E2259 Date of Disbursement 10 / 13 / 2005	
Mailing Address 201 W. Main		Amount of Each Disbursement this Period 1016.50	
City Urbana State IL Zip Code 61801-	Purpose of Disbursement Interest Payment Candidate Name	Category/Type 009 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ INTEREST PAYMENT		

SUBTOTAL of Disbursements This Page (optional) ▶	1100.78
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 NUMBER:
(check only one)

PAGE 21 / 43

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Busey Bank		Transaction ID: 60104.E2286 Date of Disbursement 11 / 15 / 2005
Mailing Address 201 W. Main		Amount of Each Disbursement this Period 1068.73
City Urbana State IL Zip Code 61801-	Purpose of Disbursement Interest Payment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTEREST PAYMENT

Full Name (Last, First, Middle Initial) B. Busey Bank		Transaction ID: 60111.E2326 Date of Disbursement 12 / 03 / 2005
Mailing Address 201 W. Main		Amount of Each Disbursement this Period 1044.55
City Urbana State IL Zip Code 61801-	Purpose of Disbursement Interest Payment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTEREST PAYMENT

Full Name (Last, First, Middle Initial) C. Chrisman Leader		Transaction ID: 51011.E2246 Date of Disbursement 10 / 04 / 2005
Mailing Address PO Box 87		Amount of Each Disbursement this Period 27.00
City Chrisman State IL Zip Code 61924-	Purpose of Disbursement Advertising Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING

SUBTOTAL of Disbursements This Page (optional) ▶	2140.28
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 NUMBER:
(check only one)

PAGE 22 / 43

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Chrisman Leader		Transaction ID: 60104.E2304 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 5
Mailing Address PO Box 87		Amount of Each Disbursement this Period 27.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chrisman State IL Zip Code 61924-	Category/Type 004	
Purpose of Disbursement Advertising Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. David Davis Mansion Foundation		Transaction ID: 60104.E2296 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 1000 E Monroe		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bloomington State IL Zip Code 61701-	Category/Type 003	
Purpose of Disbursement Fundraising Expense Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Devonshire Realty		Transaction ID: 51011.E2251 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5
Mailing Address PO Box 140		Amount of Each Disbursement this Period 575.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Champaign State IL Zip Code 61824-0140	Category/Type 001	
Purpose of Disbursement Rent Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1202.00
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 NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Devonshire Realty		Transaction ID: 60104.E2285 Date of Disbursement 11 / 10 / 2005
Mailing Address PO Box 140		Amount of Each Disbursement this Period 575.00
City Champaign State IL Zip Code 61824-0140	Purpose of Disbursement Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT

Full Name (Last, First, Middle Initial) B. Devonshire Realty		Transaction ID: 60104.E2312 Date of Disbursement 12 / 13 / 2005
Mailing Address PO Box 140		Amount of Each Disbursement this Period 575.00
City Champaign State IL Zip Code 61824-0140	Purpose of Disbursement Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT

Full Name (Last, First, Middle Initial) C. Director of Employment Security		Transaction ID: 51014.E2262 Date of Disbursement 10 / 13 / 2005
Mailing Address 850 East Madison Street		Amount of Each Disbursement this Period 72.38
City Springfield State IL Zip Code 62702-	Purpose of Disbursement Taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TAXES

SUBTOTAL of Disbursements This Page (optional) ▶	1222.38
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 NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Electoral Design		Transaction ID: 51011.E2249	
Mailing Address 4362 Raleigh Ave., #102		Date of Disbursement 10 / 04 / 2005	
City Alexandria	State VA	Zip Code 22304-	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Website Expense	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WEBSITE EXPENSE
State:	District:	Category/Type 004	

Full Name (Last, First, Middle Initial) B. FedEx Kinkos		Transaction ID: 51014.E2256	
Mailing Address 505 S. Mattis		Date of Disbursement 10 / 13 / 2005	
City Champaign	State IL	Zip Code 61821-	Amount of Each Disbursement this Period 115.38
Purpose of Disbursement Printing	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING
State:	District:	Category/Type 003	

Full Name (Last, First, Middle Initial) C. FedEx Kinkos		Transaction ID: 60104.E2291	
Mailing Address 505 S. Mattis		Date of Disbursement 11 / 23 / 2005	
City Champaign	State IL	Zip Code 61821-	Amount of Each Disbursement this Period 63.67
Purpose of Disbursement Printing	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING
State:	District:	Category/Type 003	

SUBTOTAL of Disbursements This Page (optional)	5179.05
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 NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Herriotts Full Name (Last, First, Middle Initial) Mailing Address 2100 S. Neil City Savoy State IL Zip Code 61874- Purpose of Disbursement Fundraising Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 51028.E2266 Date of Disbursement 10 / 20 / 2005 Amount of Each Disbursement this Period 530.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING EXPENSE
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B. Illinois Department of Rev Full Name (Last, First, Middle Initial) Mailing Address Willard Ice Bldg. 101 West Jefferson City Springfield State IL Zip Code 62702- Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 51014.E2261 Date of Disbursement 10 / 13 / 2005 Amount of Each Disbursement this Period 211.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TAXES
---	--	--

C. Illinois Lincoln Series Full Name (Last, First, Middle Initial) Mailing Address PO Box 414 City Winfield State IL Zip Code 60190- Purpose of Disbursement Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 51110.E2284 Date of Disbursement 11 / 10 / 2005 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DONATION
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SUBTOTAL of Disbursements This Page (optional) ▶	991.57
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 NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. The Ugly Mug		Transaction ID: 60104.E2317 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 723 8th Street SE		Amount of Each Disbursement this Period 206.25
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Expense	Category/Type 007	EVENT EXPENSE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Jillians		Transaction ID: 60104.E2314 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 1201 S. Neil St		Amount of Each Disbursement this Period 280.00
City Champaign State IL Zip Code 61820-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Expense	Category/Type 007	EVENT EXPENSE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Jillians		Transaction ID: 60104.E2313 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 1201 S. Neil St		Amount of Each Disbursement this Period 280.00
City Champaign State IL Zip Code 61820-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event Expense	Category/Type 007	EVENT EXPENSE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	766.25
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 NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Keelen Communications		Transaction ID: 60104.E2301 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address PO Box 2776		Amount of Each Disbursement this Period 1740.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22202-	Purpose of Disbursement Fundraising Expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003 FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial) B. Brian Kelly		Transaction ID: 51014.E2252 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address 2404 Windward Blvd Apt 203 #204		Amount of Each Disbursement this Period 240.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Champaign State IL Zip Code 61821-	Purpose of Disbursement Travel Reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002 TRAVEL REIMBURSEMENT

Full Name (Last, First, Middle Initial) C. Brian Kelly		Transaction ID: 51110.E2276 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 5
Mailing Address 2404 Windward Blvd Apt 203 #204		Amount of Each Disbursement this Period 1428.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Champaign State IL Zip Code 61821-	Purpose of Disbursement Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001 SALARY

SUBTOTAL of Disbursements This Page (optional) ▶	3408.56
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 NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Brian Kelly		Transaction ID: 51110.E2277 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address 2404 Windward Blvd Apt 203 #204		Amount of Each Disbursement this Period 114.70
City Champaign State IL Zip Code 61821-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Reimbursement Candidate Name	Category/Type 002	TRAVEL REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Brian Kelly		Transaction ID: 60104.E2290 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 2404 Windward Blvd Apt 203 #204		Amount of Each Disbursement this Period 1428.06
City Champaign State IL Zip Code 61821-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type 001	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Brian Kelly		Transaction ID: 60104.E2297 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 2404 Windward Blvd Apt 203 #204		Amount of Each Disbursement this Period 247.90
City Champaign State IL Zip Code 61821-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Reimbursement Candidate Name	Category/Type 002	TRAVEL REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1790.66
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Brian Kelly		Transaction ID: 60104.E2316 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5
Mailing Address 2404 Windward Blvd Apt 203 #204		Amount of Each Disbursement this Period 156.14
City Champaign State IL Zip Code 61821-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Reimbursement	Candidate Name	TRAVEL REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Brian Kelly		Transaction ID: 60104.E2318 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address 2404 Windward Blvd Apt 203 #204		Amount of Each Disbursement this Period 2606.23
City Champaign State IL Zip Code 61821-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lancasters		Transaction ID: 60104.E2299 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 513 N. Main St.		Amount of Each Disbursement this Period 1855.13
City Bloomington State IL Zip Code 61701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Expense	Candidate Name	FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4617.50
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Main Street Bank & Trust		Transaction ID: 51014.E2260 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address 100 W. University Avenue		Amount of Each Disbursement this Period 1828.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Champaign State IL Zip Code 61820-	Purpose of Disbursement Taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TAXES

Full Name (Last, First, Middle Initial) B. Main Street Bank & Trust		Transaction ID: 51014.E2263 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address 100 W. University Avenue		Amount of Each Disbursement this Period 38.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Champaign State IL Zip Code 61820-	Purpose of Disbursement Taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TAXES

Full Name (Last, First, Middle Initial) C. Managed Tax Services		Transaction ID: 51110.E2281 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 2501 Galen Dr		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Champaign State IL Zip Code 61826-	Purpose of Disbursement Tax Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TAX SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶	2167.38
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 NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Mcleod USA		Transaction ID: 51028.E2269 Date of Disbursement 10 / 20 / 2005	
Mailing Address 2302 Fox Dr		Amount of Each Disbursement this Period 11.98	
City Champaign State IL Zip Code 61820-	Purpose of Disbursement Phone Service Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: 001	

Full Name (Last, First, Middle Initial) B. Mcleod USA		Transaction ID: 60104.E2293 Date of Disbursement 11 / 23 / 2005	
Mailing Address 2302 Fox Dr		Amount of Each Disbursement this Period 12.18	
City Champaign State IL Zip Code 61820-	Purpose of Disbursement Phone Service Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: 001	

Full Name (Last, First, Middle Initial) C. Betsy Mitchell		Transaction ID: 51110.E2274 Date of Disbursement 11 / 01 / 2005	
Mailing Address 310 Floral Park Dr.		Amount of Each Disbursement this Period 197.50	
City Savoy State IL Zip Code 61874-	Purpose of Disbursement Consultant Fee Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTANT FEE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type: 003	

SUBTOTAL of Disbursements This Page (optional) ▶	221.66
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

<p>A. SBC</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 225 W Randolph St Floor 27A</p> <p>City Chicago State IL Zip Code 60606-</p> <p>Purpose of Disbursement Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: 51011.E2244</p> <p>Date of Disbursement 10 / 04 / 2005</p> <p>Amount of Each Disbursement this Period 171.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>001 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>PHONE SERVICE</p>
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<p>B. SBC</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 225 W Randolph St Floor 27A</p> <p>City Chicago State IL Zip Code 60606-</p> <p>Purpose of Disbursement Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: 51028.E2270</p> <p>Date of Disbursement 10 / 20 / 2005</p> <p>Amount of Each Disbursement this Period 168.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>001 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>PHONE SERVICE</p>
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<p>C. SBC</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 225 W Randolph St Floor 27A</p> <p>City Chicago State IL Zip Code 60606-</p> <p>Purpose of Disbursement Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: 60104.E2292</p> <p>Date of Disbursement 11 / 23 / 2005</p> <p>Amount of Each Disbursement this Period 167.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>001 Category/ Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>PHONE SERVICE</p>
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SUBTOTAL of Disbursements This Page (optional) ▶

507.34

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 NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Jason Shelby Full Name (Last, First, Middle Initial) Mailing Address 6402 Birchwood Lane City Decatur State IL Zip Code 62521- Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 51011.E2250 Date of Disbursement 10 / 04 / 2005 Amount of Each Disbursement this Period 402.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY
---	--	---

B. Jason Shelby Full Name (Last, First, Middle Initial) Mailing Address 6402 Birchwood Lane City Decatur State IL Zip Code 62521- Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 51110.E2282 Date of Disbursement 11 / 08 / 2005 Amount of Each Disbursement this Period 236.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY
---	--	---

C. Staples Full Name (Last, First, Middle Initial) Mailing Address 2005 N. Prospect City Champaign State IL Zip Code 61821- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 51110.E2275 Date of Disbursement 11 / 01 / 2005 Amount of Each Disbursement this Period 72.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES
--	--	---

SUBTOTAL of Disbursements This Page (optional) ▶	711.68
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 NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: 60104.E2298 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 2005 N. Prospect		Amount of Each Disbursement this Period 106.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Champaign State IL Zip Code 61821-	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 60104.E2306 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address 2005 N. Prospect		Amount of Each Disbursement this Period 55.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Champaign State IL Zip Code 61821-	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) C. Town and Country Advertising		Transaction ID: 51011.E2245 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5
Mailing Address PO Box 5104		Amount of Each Disbursement this Period 64.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Scottsdale State AZ Zip Code 85261-	Purpose of Disbursement Advertising Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ADVERTISING

SUBTOTAL of Disbursements This Page (optional) ▶	225.73
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 NUMBER:
(check only one)

PAGE 35 / 43

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Town and Country Advertising		Transaction ID: 60104.E2303 Date of Disbursement
Mailing Address PO Box 5104		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Scottsdale	State AZ	Zip Code 85261-
Purpose of Disbursement Advertising	<input type="text" value="004"/>	Amount of Each Disbursement this Period <input type="text" value="64.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ADVERTISING
State: District:		

Full Name (Last, First, Middle Initial) B. Tuscola Review		Transaction ID: 51014.E2257 Date of Disbursement
Mailing Address 115 W Sale		<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Tuscola	State IL	Zip Code 61953-
Purpose of Disbursement Advertising Expense	<input type="text" value="004"/>	Amount of Each Disbursement this Period <input type="text" value="90.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ADVERTISING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) C. U.S. Postmaster		Transaction ID: 51110.E2283 Date of Disbursement
Mailing Address 2001 N. Mattis		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Champaign	State IL	Zip Code 61821-
Purpose of Disbursement Postage	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="75.69"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="229.69"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. U.S. Postmaster		Transaction ID: 60104.E2310 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 2001 N. Mattis		Amount of Each Disbursement this Period 111.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Champaign State IL Zip Code 61821-	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE

Full Name (Last, First, Middle Initial) B. Upclose Printing		Transaction ID: 51011.E2247 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5
Mailing Address 714 S. 6th		Amount of Each Disbursement this Period 751.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Champaign State IL Zip Code 61820-	Purpose of Disbursement Printing Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING

Full Name (Last, First, Middle Initial) C. Upclose Printing		Transaction ID: 51110.E2280 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 714 S. 6th		Amount of Each Disbursement this Period 358.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Champaign State IL Zip Code 61820-	Purpose of Disbursement Printing Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶	1220.57
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 NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

<p>A. Upclose Printing</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 714 S. 6th</p>		<p>Transaction ID: 60104.E2305 Date of Disbursement 12 / 06 / 2005</p>
<p>City Champaign State IL Zip Code 61820-</p>	<p>Purpose of Disbursement Printing Candidate Name</p>	<p>Amount of Each Disbursement this Period 556.49</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PRINTING</p>

<p>B. Verizon Wireless</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 6170</p>		<p>Transaction ID: 51014.E2254 Date of Disbursement 10 / 13 / 2005</p>
<p>City Carol Stream State IL Zip Code 60197-</p>	<p>Purpose of Disbursement Phone Service Candidate Name</p>	<p>Amount of Each Disbursement this Period 179.87</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PHONE SERVICE</p>

<p>C. Verizon Wireless</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 6170</p>		<p>Transaction ID: 51028.E2271 Date of Disbursement 10 / 20 / 2005</p>
<p>City Carol Stream State IL Zip Code 60197-</p>	<p>Purpose of Disbursement Phone Service Candidate Name</p>	<p>Amount of Each Disbursement this Period 150.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PHONE SERVICE</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>886.36</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 60104.E2289 Date of Disbursement 11 / 17 / 2005
Mailing Address PO Box 6170		Amount of Each Disbursement this Period 150.00
City Carol Stream State IL Zip Code 60197-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone Service Candidate Name	Category/Type 001	PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 60104.E2288 Date of Disbursement 11 / 17 / 2005
Mailing Address PO Box 6170		Amount of Each Disbursement this Period 178.15
City Carol Stream State IL Zip Code 60197-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone Service Candidate Name	Category/Type 001	PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 60104.E2302 Date of Disbursement 12 / 06 / 2005
Mailing Address PO Box 6170		Amount of Each Disbursement this Period 150.00
City Carol Stream State IL Zip Code 60197-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone Service Candidate Name	Category/Type 001	PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	478.15
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 NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
Phone Service

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 60104.E2315

Date of Disbursement

1 2 / 1 6 / 2 0 0 5

Amount of Each Disbursement this Period

178.15

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)

178.15

TOTAL This Period (last page this line number only)

29450.66

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 / 43

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Busey Bank		Transaction ID: 60104.E2311 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5	
Mailing Address 201 W. Main		Amount of Each Disbursement this Period 70000.00	
City Urbana State IL Zip Code 61801-	Purpose of Disbursement Repay Loan Made/Guar. by Cand 009 Loan P Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

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

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LS50714.C6626

LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary
Mailing Address 201 W. Main	
City Urbana State IL ZIP Code 61801-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	70725.12	29274.88

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="01"/> <input type="text" value="24"/> <input type="text" value="2000"/>	<input type="text" value="20060521"/>	<input type="text" value="8.750"/> % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding: <input type="text" value="29274.88"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="29274.88"/>
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 42 / 43
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LS50714.C6625

LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary
Mailing Address 201 W. Main	
City Urbana State IL ZIP Code 61801-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 09 Y Y Y Y 2000	20060521	8.750 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
City Urbana State IL ZIP Code 61802-	Amount 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)	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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 43 / 43	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Busey Bank	Nature of Debt (Purpose): 009 Accrued Interest
Mailing Address 201 W. Main	
City State ZIP Code 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

1) SUBTOTALS This Period This Page (optional).....	-28.15
2) TOTALS This Period (last page this line number only).....	-28.15
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)	