

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Friends of Tim Johnson

ADDRESS (number and street) PO Box 17097

Check if different than previously reported. (ACC)

Urbana IL 61803

2. **FEC IDENTIFICATION NUMBER** C00350421

CITY STATE ZIP CODE STATE DISTRICT

IL 15

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on [] [] [] in the State of []

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

General (30G) Runoff (30R) Special (30S)

Election on [] [] [] in the State of []

5. Covering Period 07 01 2009 through 09 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brian Kelly

Signature of Treasurer Electronically Filed by Brian Kelly Date 10 15 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Tim Johnson

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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)).....	26022.43	124193.97
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	26022.43	124193.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	20390.27	104627.50
(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)).....	20390.27	104627.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	134887.11	
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).....	4797.85	

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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Friends of Tim Johnson

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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	2250.00	17040.00
(i) Itemized (use Schedule A).....	3772.43	28653.97
(ii) Unitemized.....	6022.43	45693.97
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	20000.00	78500.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	26022.43	124193.97
(e) TOTAL CONTRIBUTIONS (other than loans) (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 (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	4.25
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	26022.43	124198.22

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20390.27	104627.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	1100.00	1330.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	21490.27	105957.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	130354.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	26022.43
25. SUBTOTAL (add Line 23 and Line 24).....	156377.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21490.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	134887.11

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

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

FOR LINE NUMBER: PAGE 5 / 26
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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 Decatur State IL Zip Code 62525
FEC ID number of contributing federal political committee. **C** C00093963
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 09 / 30 / 2009
Transaction ID: 91015.C9214
Amount of Each Receipt this Period 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Air Line Pilots Association PAC
Mailing Address 1625 Massachusetts Ave. NW
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00035451
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00
Date of Receipt 08 / 28 / 2009
Transaction ID: 91015.C9244
Amount of Each Receipt this Period 1500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Ameren Fed PAC
Mailing Address 607 E. Adams Street
City Springfield State IL Zip Code 62739
FEC ID number of contributing federal political committee. **C** C00206136
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 09 / 30 / 2009
Transaction ID: 91015.C9212
Amount of Each Receipt this Period 1000.00
Receipt

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 26

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.

Full Name (Last, First, Middle Initial)
American Council of Engineering Co. PAC

Mailing Address 1015 15th Street, NW

City State Zip Code
Washington DC 20005-2605

FEC ID number of contributing federal political committee. C C00010868

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: 91015.C9207

Amount of Each Receipt this Period 1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
American Hospital Association 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: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y Y
08 / 12 / 2009

Transaction ID: 91015.C9276

Amount of Each Receipt this Period 1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
American Maritime Officers Voluntary PAC

Mailing Address 2 West Dixie Highway

City State Zip Code
Dania FL 33004

FEC ID number of contributing federal political committee. C C00089557

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y
08 / 12 / 2009

Transaction ID: 91015.C9279

Amount of Each Receipt this Period 1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 26
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Anheuser-Busch PAC

Mailing Address 14011 Street N.W., Suite 200

City State Zip Code
Washington DC 20005-2225

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	0	9

Transaction ID: 91015.C9278

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Barnes & Thornburg PAC

Mailing Address 11 S Meridian St

City State Zip Code
Indianapolis IN 46204-3535

FEC ID number of contributing federal political committee. **C** C00395947

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: 91015.C9210

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Carpenters Legislative Improvement Comm

Mailing Address 101 Constitution Ave., NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	0	9

Transaction ID: 91015.C9310

Amount of Each Receipt this Period
2500.00

Receipt

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 26
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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** C00148031
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 08 / 12 / 2009
Transaction ID: 91015.C9280
Amount of Each Receipt this Period 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Chicago Mercantile Exchange PAC
Mailing Address 30 S. Wacker Drive
City Chicago State IL Zip Code 60606
FEC ID number of contributing federal political committee. **C** C00076299
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt 08 / 12 / 2009
Transaction ID: 91015.C9277
Amount of Each Receipt this Period 1500.00
Receipt

C. Full Name (Last, First, Middle Initial)
International Assoc. of Firefighters PAC
Mailing Address 1750 New York Ave, NW
City Washington State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C00029447
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 09 / 30 / 2009
Transaction ID: 91015.C9206
Amount of Each Receipt this Period 1000.00
Receipt

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 26
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Lyondell Chemical Co. PAC

Mailing Address 1101 Pennsylvania Ave., NW
Suite 515

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00306175

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2009
Transaction ID: 91015.C9213
 Amount of Each Receipt this Period 1000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
National Air Traffic Controllers Assn.

Mailing Address 1325 Massachusettes Avenue., NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 08 / 28 / 2009
Transaction ID: 91015.C9245
 Amount of Each Receipt this Period 1000.00
 Receipt

C. Full Name (Last, First, Middle Initial)
National Air Traffic Controllers Assn.

Mailing Address 1325 Massachusettes Avenue., NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 09 / 30 / 2009
Transaction ID: 91015.C9211
 Amount of Each Receipt this Period 1000.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
NRA Political Victory Fund

Mailing Address 11250 Waples Mill Road

City State Zip Code
Fairfax VA 22030-7400

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 20 / 2009

Transaction ID: 91015.C9309

Amount of Each Receipt this Period
 1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Transportation Trades, AFL-CIO PAC

Mailing Address 888 16th Street, NW
Suite 650

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00280909

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2009

Transaction ID: 91015.C9209

Amount of Each Receipt this Period
 500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Volunteers for Shimkus

Mailing Address Volunteers for Shimkus
P.O. Box 5458

City State Zip Code
Springfield IL 62705-5458

FEC ID number of contributing federal political committee. **C** C00258855

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 20 / 2009

Transaction ID: 91015.C9311

Amount of Each Receipt this Period
 1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ► 20000.00

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

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

FOR LINE NUMBER: PAGE 11 / 26
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.

Full Name (Last, First, Middle Initial)
Kim Brunner

Mailing Address 4 Smokey Court

City State Zip Code
Bloomington IL 61704

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

Name of Employer State Farm Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: 91015.C9268

Amount of Each Receipt this Period
250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Stuart Drake

Mailing Address 7 Moss Lake Road

City State Zip Code
Farmer City IL 61842-9300

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

Name of Employer Farmer City State Bank Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: 91015.C9227

Amount of Each Receipt this Period
500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Habeeb Habeeb

Mailing Address 1913 Oak Park Drive

City State Zip Code
Champaign IL 61822-5229

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

Name of Employer Benefit Planning Consultants Occupation Consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: 91015.C9223

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 26
	(check only one)	
<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) John & Mary House		Date of Receipt MM / DD / YYYY 08 / 28 / 2009
Mailing Address 2014 Scottsdale		Transaction ID: 91015.C9226
City Champaign	State IL	Zip Code 61822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Kevin & Laura McKay		Date of Receipt MM / DD / YYYY 08 / 12 / 2009
Mailing Address 12941 Topping Estates Drive		Transaction ID: 91015.C9267
City Saint Louis	State MO	Zip Code 63131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	Receipt
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	2250.00

**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 13 / 26

<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.	Full Name (Last, First, Middle Initial) Champaign County Republican Party <hr/> Mailing Address 106 W Springfield Ave <hr/> City Champaign State IL Zip Code 61820- <hr/> Purpose of Disbursement Political Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91015.E3150 Date of Disbursement 09 / 13 / 2009	Amount of Each Disbursement this Period 250.00 <hr/> POLITICAL CONTRIBUTION
B.	Full Name (Last, First, Middle Initial) Results Plus Consulting, Inc. <hr/> Mailing Address PO Box 17452 <hr/> City Urbana State IL Zip Code 61803- <hr/> Purpose of Disbursement Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91015.E3114 Date of Disbursement 07 / 01 / 2009	Amount of Each Disbursement this Period 2000.00 <hr/> CONSULTING
C.	Full Name (Last, First, Middle Initial) Results Plus Consulting, Inc. <hr/> Mailing Address PO Box 17452 <hr/> City Urbana State IL Zip Code 61803- <hr/> Purpose of Disbursement Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91015.E3128 Date of Disbursement 08 / 01 / 2009	Amount of Each Disbursement this Period 2000.00 <hr/> CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶

4250.00

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

A.	Full Name (Last, First, Middle Initial) Results Plus Consulting, Inc. Mailing Address PO Box 17452 City Urbana State IL Zip Code 61803- Purpose of Disbursement Consulting 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: 91015.E3142 Date of Disbursement 09 / 01 / 2009 Amount of Each Disbursement this Period 2000.00 001 Category/ Type CONSULTING
B.	Full Name (Last, First, Middle Initial) Results Plus Consulting, Inc. Mailing Address PO Box 17452 City Urbana State IL Zip Code 61803- Purpose of Disbursement Consulting 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: 91015.E3159 Date of Disbursement 09 / 29 / 2009 Amount of Each Disbursement this Period 2500.00 001 Category/ Type CONSULTING
C.	Full Name (Last, First, Middle Initial) Erie Computer Mailing Address 4225 Peach St. City Erie State PA Zip Code 16509- 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: 91015.E3151 Date of Disbursement 09 / 17 / 2009 Amount of Each Disbursement this Period 415.79 001 Category/ Type OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

4915.79

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 15 / 26

<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. Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address PO Box 105306 <hr/> City Atlanta State GA Zip Code 30348-5306 <hr/> Purpose of Disbursement Phones Candidate Name <hr/> 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: 91015.E3118 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 288.31
	001 Category/ Type
	PHONES
B. Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address PO Box 105306 <hr/> City Atlanta State GA Zip Code 30348-5306 <hr/> Purpose of Disbursement Phones Candidate Name <hr/> 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: 91015.E3133 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 424.96
	001 Category/ Type
	PHONES
C. Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address PO Box 105306 <hr/> City Atlanta State GA Zip Code 30348-5306 <hr/> Purpose of Disbursement Phones Candidate Name <hr/> 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: 91015.E3143 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 384.50
	001 Category/ Type
	PHONES

SUBTOTAL of Disbursements This Page (optional) ▶

1097.77

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 16 / 26

<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.

Full Name (Last, First, Middle Initial)
AT&T

Mailing Address PO Box 105306

City Atlanta State GA Zip Code 30348-5306

Purpose of Disbursement
Phones

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 91015.E3157
Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

136.18

PHONES

B.

Full Name (Last, First, Middle Initial)
Busey Bank

Mailing Address 201 W. Main

City Urbana State IL Zip Code 61801-

Purpose of Disbursement
Interest Payment

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 91015.E3124
Date of Disbursement

07 / 17 / 2009

Amount of Each Disbursement this Period

50.87

INTEREST PAYMENT

C.

Full Name (Last, First, Middle Initial)
Busey Bank

Mailing Address 201 W. Main

City Urbana State IL Zip Code 61801-

Purpose of Disbursement
Service fees

Candidate Name

009
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 91015.E3127
Date of Disbursement

07 / 31 / 2009

Amount of Each Disbursement this Period

2.02

SERVICE FEES

SUBTOTAL of Disbursements This Page (optional) ▶

189.07

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. Full Name (Last, First, Middle Initial) Busey Bank <hr/> Mailing Address 201 W. Main <hr/> City Urbana State IL Zip Code 61801- <hr/> Purpose of Disbursement Interest Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91015.E3136 Date of Disbursement 08 / 21 / 2009
	Amount of Each Disbursement this Period 51.42
	Category/Type 001
	INTEREST EXPENSE
B. Full Name (Last, First, Middle Initial) Busey Bank <hr/> Mailing Address 201 W. Main <hr/> City Urbana State IL Zip Code 61801- <hr/> Purpose of Disbursement Service fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91015.E3141 Date of Disbursement 08 / 31 / 2009
	Amount of Each Disbursement this Period 2.87
	Category/Type 009
	SERVICE FEES
C. Full Name (Last, First, Middle Initial) Busey Bank <hr/> Mailing Address 201 W. Main <hr/> City Urbana State IL Zip Code 61801- <hr/> Purpose of Disbursement Interest Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91015.E3155 Date of Disbursement 09 / 22 / 2009
	Amount of Each Disbursement this Period 51.27
	Category/Type 001
	INTEREST EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	105.56
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)

PAGE 18 / 26

<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.</p> <p>Full Name (Last, First, Middle Initial) Douglas Co. Republican Central Committee</p> <p>Mailing Address</p> <p>City: Tuscola State: IL Zip Code: 61953-</p> <p>Purpose of Disbursement: Ad</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91015.E3140</p> <p>Date of Disbursement: 08 / 29 / 2009</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">400.00</p> <p>AD</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ross & Susan Merkle</p> <p>Mailing Address: 606 S. Staley Road Suite D</p> <p>City: Champaign State: IL Zip Code: 61822-</p> <p>Purpose of Disbursement: Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91015.E3116</p> <p>Date of Disbursement: 07 / 03 / 2009</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">90.00</p> <p>RENT</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Ross & Susan Merkle</p> <p>Mailing Address: 606 S. Staley Road Suite D</p> <p>City: Champaign State: IL Zip Code: 61822-</p> <p>Purpose of Disbursement: Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91015.E3129</p> <p>Date of Disbursement: 08 / 05 / 2009</p> <hr/> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">90.00</p> <p>RENT</p>

SUBTOTAL of Disbursements This Page (optional)	580.00
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)

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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.	Full Name (Last, First, Middle Initial) Ross & Susan Merkle <hr/> Mailing Address 606 S. Staley Road Suite D <hr/> City Champaign State IL Zip Code 61822- <hr/> Purpose of Disbursement Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91015.E3149 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 9	Amount of Each Disbursement this Period 90.00
B.	Full Name (Last, First, Middle Initial) Mool Law Firm, LLC <hr/> Mailing Address 2 Red Bud Lane <hr/> City Springfield State IL Zip Code 62707- <hr/> Purpose of Disbursement Legal Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91015.E3154 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 9	Amount of Each Disbursement this Period 300.00
C.	Full Name (Last, First, Middle Initial) Staples <hr/> Mailing Address 2005 N. Prospect <hr/> City Champaign State IL Zip Code 61821- <hr/> Purpose of Disbursement Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91015.E3156 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 105.54

SUBTOTAL of Disbursements This Page (optional)	495.54
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.</p> <p>Full Name (Last, First, Middle Initial) The Catalyst Group</p> <p>Mailing Address 1115 Massachusetts Avenue, NW</p> <p>City Washington State DC Zip Code 20005-</p> <p>Purpose of Disbursement Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91015.E3126</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2748.02"/></p> <p>CONSULTING</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) The Catalyst Group</p> <p>Mailing Address 1115 Massachusetts Avenue, NW</p> <p>City Washington State DC Zip Code 20005-</p> <p>Purpose of Disbursement Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91015.E3132</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2638.97"/></p> <p>CONSULTING</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) The Catalyst Group</p> <p>Mailing Address 1115 Massachusetts Avenue, NW</p> <p>City Washington State DC Zip Code 20005-</p> <p>Purpose of Disbursement Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 91015.E3153</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>CONSULTING</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="7386.99"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 6170</p> <p>City Carol Stream State IL Zip Code 60197-</p> <p>Purpose of Disbursement Phones</p> <p>Candidate Name</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>Transaction ID: 91015.E3115</p> <p>Date of Disbursement 07 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>001 Category/ Type</p> <p>PHONES</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 6170</p> <p>City Carol Stream State IL Zip Code 60197-</p> <p>Purpose of Disbursement Phones</p> <p>Candidate Name</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>Transaction ID: 91015.E3131</p> <p>Date of Disbursement 08 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>001 Category/ Type</p> <p>PHONES</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 6170</p> <p>City Carol Stream State IL Zip Code 60197-</p> <p>Purpose of Disbursement Phones</p> <p>Candidate Name</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>Transaction ID: 91015.E3139</p> <p>Date of Disbursement 08 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 154.35</p> <p>001 Category/ Type</p> <p>PHONES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

454.35

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

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 91015.E3147
	Mailing Address PO Box 6170	Date of Disbursement MM / DD / YYYY 09 / 01 / 2009
	City Carol Stream State IL Zip Code 60197-	Amount of Each Disbursement this Period 150.00
	Purpose of Disbursement Phones Candidate Name	001 Category/Type
	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) ▼
		PHONES
B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 91015.E3158
	Mailing Address PO Box 6170	Date of Disbursement MM / DD / YYYY 09 / 29 / 2009
	City Carol Stream State IL Zip Code 60197-	Amount of Each Disbursement this Period 64.12
	Purpose of Disbursement Phones Candidate Name	001 Category/Type
	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) ▼
		PHONES

SUBTOTAL of Disbursements This Page (optional) ▶

214.12

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

19689.19

**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 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.

Full Name (Last, First, Middle Initial)
Coulson for Congress

Transaction ID: 91015.E3160
Date of Disbursement

Mailing Address PO Box 2354

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

City State Zip Code
Glenview IL 60025-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1000.00

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 24 / 26
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LSC7050

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	97569.08	2430.92

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="20080521"/>	<input type="text" value="950.00"/> % (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 Information Requested
Mailing Address 413 Berringer Circle	Occupation Information Requested
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding: <input type="text" value="2430.92"/>
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="2430.92"/>
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)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LSC7052

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 40000.00	Cumulative Payment To Date 37529.58	Balance Outstanding at Close of This Period 2470.42
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TERMS

Date Incurred MM DD YY 03 03 2000	Date Due 20080521	Interest Rate 950.00 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial) Timothy Johnson	Name of Employer Information Requested
Mailing Address 413 Berringer Circle	Occupation Attorney
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding: 2470.42
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)	2470.42
TOTALS This Period (last page in this line only)	4901.34

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 26 / 26
	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): 001 Interest Payment
Mailing Address 201 W. Main			
City Urbana	State IL	ZIP Code 61801-	

Outstanding Balance Beginning This Period		Transaction ID: LS91015.E3124	
50.07			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	153.56	-103.49	

1) SUBTOTALS This Period This Page (optional).....	-103.49
2) TOTALS This Period (last page this line number only).....	-103.49
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	4901.34
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	4797.85