FEC FORM 3	AND DI	T OF REC SBURSEI	MENTS	Offi	ce Use Only
1. NAME OF COMMITTEE (in	full) USE FEC MAI		ample:If typing, type ver the lines		
Friends of Tim Jo					
Check if diff than previou reported. (A	sly				61803
2. FEC IDENTIFIC		3. IS THIS REPORT	X NEW (N) OR	STATE A AMENDED (A)	ZIP CODE A STATE V DISTRICT
July 15 Octobe	- (Election on	E-Election Report for the: Primary (12P) Convention (12C) ST-Election Report for the General (30G)	General (12G)	In the State of Special (30S) in the State of
5. Covering Period	01 01	2007	through	3 31	2007
Type or Print Name of Signature of Treasure		Kelly Brian Kelly		Date 04	1 4 2 0 0 7 alties of 2 U.S.C 437g.
Office Use Only					FEC FORM 3 (Revised 02/2003)

mage# 27930558137		930558137	SUMMARY PAGE			
		FEC Form 3 (Revised 02/2003)	of Receipts and Disbursements			Page 2
v	Vrite	or Type Committee Name				
F	rienc	ds of Tim Johnson				
F	Report	t Covering the Period: From:	M M D D Y Y Y Y 0 1 0 1 2 0 0 7	То:	M M D D D 3 1	Y Y Y Y 2007
			COLUMN A This Period		COLUMN I Election Cycle-to	
6.	Net	Contributions (other than loans)				
	(a)	Total Contributions (other than loans) (from Line 11(e))	17155.00	[25368.86
	(b)	Total Contribution Refunds (from Line 20(d))	1000.00	[1000.00
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	16155.00	[24368.86
7.	Net	Operating Expenditures				
	(a)	Total Operating Expenditures (from Line 17)	20805.83	[40971.37
	(b)	Total Offsets to Operating Expenditures (from Line 14)	67.75	[67.75
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	20738.08	[40903.62
8.		sh on Hand at Close of porting Period (from Line 27)	15481.05			
9.	the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	0.00			
10.	the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	5113.01			

For further information contact:

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

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

Write or Type Committee Name Friends of Tim Johnson Report Covering the Period: From: I. RECEIPTS 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	D Y	To:	M M M M J J Y
Report Covering the Period: From: 0 1 I. RECEIPTS 11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	COLUMN A Total This Period 2500.00 155.00 2655.00 0.00 14500.00	To:	COLUMN B Election Cycle-to-Date 2750.00 4890.00 7640.00 0.00 17728.86
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized (iii) TOTAL of contributions from individuals (b) Political Party Committees (c) Other Political Committees (such as PACS) (d) The Candidate	Total This Period 2500.00 155.00 2655.00 0.00 14500.00		Election Cycle-to-Date 2750.00 4890.00 7640.00 0.00 17728.86
 (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	155.00 2655.00 0.00 14500.00		4890.00 7640.00 0.00 17728.86
Political Committees (i) Itemized (use Schedule A)	155.00 2655.00 0.00 14500.00		4890.00 7640.00 0.00 17728.86
 (ii) Unitemized	2655.00 0.00 14500.00		4890.00 7640.00 0.00 17728.86
 (iii) TOTAL of contributions from individuals (b) Political Party Committees (c) Other Political Committees (such as PACS) (d) The Candidate	2655.00 0.00 14500.00		7640.00 0.00 17728.86
(b) Political Party Committees (c) Other Political Committees (such as PACS) (d) The Candidate	14500.00		17728.86
(c) Other Political Committees (such as PACS) (d) The Candidate	14500.00		17728.86
(d) The Candidate	0.00		0.00
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) 2. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES 3. LOANS (a) Made or Guaranteed by the			
AUTHORIZED COMMITTEES 3. LOANS (a) Made or Guaranteed by the	17155.00		25368.86
(a) Made or Guaranteed by the	0.00		0.00
.,			
	0.00		0.00
	0.00	7 6	0.00
(b) All Other Loans (c) TOTAL LOANS (add Lines 13(a) and (b))	0.00		0.00
4. OFFSETS TO OPERATING			
EXPENDITURES (Refunds, Rebates, etc.)	67.75		67.75
5. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00		0.00
6. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)			

Image# 27930558139

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 20805.83 40971.37 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 64245.30 64245.30 by the Candidate..... 0.00 0.00 (b) Of all Other Loans..... (c) TOTAL LOAN REPAYMENTS 64245.30 64245.30 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other 0.00 0.00 Than Political Committees..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 1000.00 1000.00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS 1000.00 1000.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS..... 22. TOTAL DISBURSEMENTS 86051.13 106216.67 (add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	84309.43
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	17222.75
25.	SUBTOTAL (add Line 23 and Line 24)	101532.18
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	86051.13
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	15481.05

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 25 (check only one) 11a 11b 11c			
Ar or	y information copied from such Reports and for commercial purposes, other than using the transmit of the second	Statements may	y not be sold or used by any pers dress of any political committee to	12 13a 13b 14 15 on for the purpose of soliciting contributions o solicit contributions from such committee.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Tim Johnson						
A.	Full Name (Last, First, Middle Initial) Action Committee for Rural Elect. PAC Mailing Address 4301 Wilson Blvd			Date of Receipt			
	City	State	Zip Code	0 3 3 1 2 0 0 7 Transaction ID: 70414.C7368			
	Arlington	VA	22203-1860	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C C00	0002972	1000.00			
	Name of Employer	Occupatio		 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) 			
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 1000.00	Spending (2 0.3.0. 44 ra(i)/44 ra*1)			
в.	Full Name (Last, First, Middle Initial) ALPA PAC			Date of Receipt			
	Mailing Address Air Line Piolts Assn 1625 Massachusetts		7.0.1	03 / D D / Y Y Y Y 20 / 2007			
	City	State	Zip Code	Transaction ID: 70414.C7362			
	Washington FEC ID number of contributing federal political committee.	DC C C00	20036 0035451	Amount of Each Receipt this Period			
	Name of Employer	Occupatio		 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) 			
	Receipt For: 2008 X Primary General Other (specify) ▼		Cycle-to-Date ▼ 2500.00]			
с.	Full Name (Last, First, Middle Initial) American Association for Justice PAC			Date of Receipt			
	Mailing Address 1050 31st Street, NW			M M / D D / Y			
	City	State	Zip Code	Transaction ID: 70414.C7359			
	Washington	DC	20007	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		2500.00 Receipt			
	Name of Employer	Occupation	n	Limit Increased Due to Opponent's			
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 2500.00	Spending (2 U.S.C. 441a(i)/441a-1)			
s	SUBTOTAL of Receipts This Page (optional)						
Т	TOTAL This Period (last page this line number only)						

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 25 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 15				
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Tim Johnson							
Α.	Full Name (Last, First, Middle Initial) At&t PAC			Date of Receipt				
	Mailing Address 175 E Houston, Rm 7			03 / 14 / Y Y Y Y 02007				
	City San Antonio	State TX	Zip Code 78205	Transaction ID: 70414.C7356 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
	Name of Employer	Occupation	1	Receipt Limit Increased Due to Opponent's				
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)				
в.	Full Name (Last, First, Middle Initial) Auction Market PAC			Date of Receipt				
	Mailing Address 141 W. Jackson Blvc			03 / 19 / Y Y Y Y 020 7				
	City Chicago	State IL	Zip Code 60604	Transaction ID: 70414.C7361 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		0059832					
	Name of Employer	Occupation	1	Receipt Limit Increased Due to Opponent's				
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 1000.00	— LI Spending (2 U.S.C. 441a(ii)/441a-1)				
<u>с.</u>	Full Name (Last, First, Middle Initial) Barnes & Thornburg PAC			Date of Receipt				
	Mailing Address 11 S Meridian St			0 3 / 1 4 2 0 0 7				
	City Indianapolis	State IN	Zip Code	Transaction ID: 70414.C7357				
	FEC ID number of contributing federal political committee.	C	46204-3535	Amount of Each Receipt this Period				
	Name of Employer	Occupation	1	Receipt Limit Increased Due to Opponent's				
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)				
s	SUBTOTAL of Receipts This Page (optional)							
т	TOTAL This Period (last page this line number only)							

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 25 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 15			
Ar	y information copied from such Reports and S for commercial purposes, other than using the	tatements may name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Tim Johnson						
A.	Full Name (Last, First, Middle Initial) BNSF RAILPAC			Date of Receipt			
	Mailing Address PO Box 961039	State	Zip Code	0 3 / 1 9 / 2 0 0 7			
	City Fort Worth	TX	76161-0039	Transaction ID: 70414.C7360 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C C00	0235739	1000.00			
	Name of Employer	Occupation	1	Receipt			
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	ycle-to-Date V 1000.00	L_I Spending (2 U.S.C. 441a(ii)/441a-1)			
В.	Full Name (Last, First, Middle Initial) Community Bankers Association of IL PAC Mailing Address 901 Community Drive			Date of Receipt			
				01 30 2007			
	City Springfield	State IL	Zip Code 62703	Transaction ID: 70413.C7350 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C					
	Name of Employer	Occupation	1	Receipt Limit Increased Due to Opponent's			
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 1000.00	└ Spending (2 U.S.C. 441a(ii)/441a-1)			
<u>с</u> .	Full Name (Last, First, Middle Initial) John Deere PAC			Date of Receipt			
	Mailing Address One John Deer Plaza			M M / D D / Y Y Y Y 0 1 05 2007			
	City Moline	State IL	Zip Code	Transaction ID: 70414.C7401			
	FEC ID number of contributing federal political committee.		61265 0204099	Amount of Each Receipt this Period 1000.00			
	Name of Employer	Occupation	1	Receipt Limit Increased Due to Opponent's			
	Receipt For: 2008 X Primary General Other (specify) ▼	Election C	ycle-to-Date V 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)			
s	SUBTOTAL of Receipts This Page (optional)						
Т	TOTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 8 / 25				
	EMIZED RECEIPTS	,	Use separate schedule(s) or each category of the	(check only one)				
			Detailed Summary Page	11a 11b X 11c 11d 12 13a 13b 14 15				
Ar	ny information copied from such Reports an	d Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using	the name and add	lress of any political committee to	solicit contributions from such committee.				
$\left \right $	NAME OF COMMITTEE (In Full)							
\bigvee	Friends of Tim Johnson							
Α.	Full Name (Last, First, Middle Initial) Lockeed Martin Employees PAC			Date of Receipt				
	Mailing Address 1550 Crystal Dr, Su	ite 300		03 31 2007				
	City	State	Zip Code	Transaction ID: 70414.C7366				
	Arlington	VA	22202	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
				Receipt				
	Name of Employer	Occupation	1	Limit Increased Due to Opponent's				
	Receipt For: 2008	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)				
	X Primary General		1000.00	1				
	Other (specify)			1				
B	Full Name (Last, First, Middle Initial) Transportation Trades, AFL-CIO PAC			Date of Receipt				
	Mailing Address 888 16th Street, NV	V						
	Suite 650			03 14 2007				
	City	State	Zip Code	Transaction ID: 70414.C7355				
	Washington	DC	20006	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C CO	0280909	500.00				
	Name of Employer	Occupation		Receipt				
		Occupation	1	Limit Increased Due to Opponent's				
	Receipt For: 2008	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)				
	X Primary General		500.00	1				
	Other (specify)	0 0						
C.	Full Name (Last, First, Middle Initial) Union Pacific Fund PAC			Date of Receipt				
	Mailing Address 600 13th St., NW Suite 340			M M / D D / Y Y Y Y 03 04 2007				
	City	State	Zip Code	Transaction ID: 70414.C7354				
	Washington	DC	20005	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		1000.00				
	federal political committee.							
	Name of Employer	Occupation	ı	Receipt Limit Increased Due to Opponent's				
	Receipt For: 2008	Election C	ycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)				
	X Primary General			1				
	Other (specify)		1000.00					
	SUBTOTAL of Receipts This Page (optional)							
				14500.00				
ΙT	OTAL This Period (last page this line num	oer 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 / 25 (check only one) X X 11a 11b 11c			
Ar	y information copied from such Reports and	d Statements may	not be sold or used by any pers	12 13a 13b 14 15 on for the purpose of soliciting contributions o solicit contributions from such committee.			
<u> </u>	NAME OF COMMITTEE (In Full) Friends of Tim Johnson						
A.	Full Name (Last, First, Middle Initial) Peter Fox Mailing Address 1118 West Armory			Date of Receipt 0 3 / 0 1 / Y Y Y Y 0 3 1 / 2 0 0 7			
	City Champaign	State IL	Zip Code 61821	Transaction ID: 70414.C7367			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period			
	Name of Employer Fox Development Receipt For: 2008 X Primary General Other (specify) ▼	Occupation Owner Election C	ycle-to-Date ▼ 1000.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
в.	Full Name (Last, First, Middle Initial) Stuart King Mailing Address 2703 Summerhill La	ine		Date of Receipt			
	City	State	Zip Code	Transaction ID: 70122.C7346			
	Champaign	IL	61822	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Christie Clinic Receipt For: 2008 X Primary General	Occupation Physician Election C		 Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) 			
	Unitial) Uther (specify) ▼	0 0					
C.	Bernie Robinson Mailing Address 408 A Street, SE			Date of Receipt			
	City	State	Zip Code	Transaction ID: 70414.C7358			
	Washington	DC	20003	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1000.00 Receipt			
	Name of Employer Livingston Group	Occupation Lobbyist	1	Limit Increased Due to Opponent's			
	Receipt For: 2008 X Primary General Other (specify) ▼		ycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)			
s	SUBTOTAL of Receipts This Page (optional)						
т	TOTAL This Period (last page this line number only)						

SC	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 10/25
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Stateme or commercial purposes, other than using the name			
$\frac{1}{\sqrt{2}}$	NAME OF COMMITTEE (In Full)			
\geq	Friends of Tim Johnson			
Α.	Full Name (Last, First, Middle Initial) The Sumner Press			Transaction ID: 70413.E2658 Date of Disbursement
	Mailing Address P O Box 126			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 3 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \end{pmatrix} $
	Sumner I	State Zip Code IL 62466-		Amount of Each Disbursement this Period
	Purpose of Disbursement		004	147.99
	Advertising Expense Candidate Name		004 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		ADVERTISING EXPENSE
	Full Name (Last, First, Middle Initial)			
в.	Aristotle Tech Support			Transaction ID: 70413.E2628 Date of Disbursement
	Mailing Address 205 Pennsylvania Ave			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{bmatrix} D & 0 & 0 \\ 0 & 8 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $
		State Zip Code DC 20003-		Amount of Each Disbursement this Period
	Purpose of Disbursement Software		001	464.00
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		SOFTWARE
	State: District:			
C.	Full Name (Last, First, Middle Initial) AT&T Yahoo			Transaction ID: 70413.E2616 Date of Disbursement
	Mailing Address Bill Payment Center			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 4 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $
		StateZip CodeMI48663-0003		Amount of Each Disbursement this Period
	Purpose of Disbursement Phone & Internet		001	171.76 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		nent For: Primary General Other (specify) V		PHONE & INTERNET
				783.75

Mailing Address State Representative 88th District Z425 E. Lincoln Lincoln City State Bloomington IL Purpose of Disbursement 003 Category/ Transaction ID: 70413.E2619 Category/ Transaction ID: 70413.E2619 Office Sought: House Disbursement Disbursement Prevident Category/ Transaction ID: 70413.E2619 Date of Disbursement Purpose of Disbursement Prevident District: B Full Name (Last, First, Middle Initial) B Busey Bank Mailing Address 201 W. Main City State Virbana IL Purpose of Disbursement Category/ Purpose of Disbursement Category/ Purpose of Disbursement Category/ Purpose of Disbursement Category/ Candidate Name Disbursement For: Purpose of Disbursement Category/ President Disbursement For: Prevose of Disbursement Categor	SCHEDULE B (FEC Form		perate schedule(s)		NUMBER: PAGE 11 / 25
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) Friends of Tim Johnson Full Name (Last, First, Middle Initial) A. Friends of Dan Brady Mailing Address State Representative 88th District 2425 E. Lincoin City Bioomington LL 61701- Purpose of Disbursement Cradidate Name Office Sought: House Distorsement Preveloant Other (specify) B. Built Name (Last, First, Middle Initial) B. Full Name (Last, First, Middle Initial) B. Busey Bank Mailing Address 201 W. Main City State Disbursement 009 Carididate Name Disbursement For: Purpose of Disbursement 011 Interest Payment 009 Carididate Name Disbursement For: Purpose of Disbursement 011 Interest Payment 019 Carididate Name Disbursement For: Purpose of		Detailed	d Summary Page		X 17 18 19a 19b 20a 20b 20c 21
NAME OF COMMITTEE (In Full) Friends of Tim Johnson Full Name (Last, First, Middle Initial) A. Friends of Dan Brady Maiing Address State Representative 88th District 2425 E. Lincoln City Purpose of Disbursement Fundraing Exercise Cardidate Name Office Sought: President Disbursement for: Office Sought: Provident Disbursement for: Office Sought: Busey Bank Maiing Address Office Sought: Purpose of Disbursement Office Sought: Purpose of Disbursement Office Sought: Purpose of Disbursement Office Sought: State Disbursement for: Office Sought: Busey Bank					
Friends of Tim Johnson A. Full Name (Last. First, Middle Initial) A. Friends of Dan Brady Mailing Address State Representative 88th District 2425 E. Lincoln State City State Purpose of Disbursement 003 Cardidate Name Category/ Type Office Sought: House Disbursement Disbursement For: Pranting Address 201 W. Main State: Disbursement For: Office Sought: Senate Disbursement Other (specify) ▼ B. Busey Bank Mailing Address 201 W. Main City State Urbana Li City State Office Sought: House President Disbursement For: Office Sought: House Office Sought: State President Disbursement For: Office Sought: House Office Sought: Disbursement For: Office Sought: Disbursement For: Office Sought: Disbu					
A. Friends of Dan Brady Initial Address State Representative 88th District A. Mailing Address State Representative 88th District District 2425 E. Lincoin IL 61701- Purpose of Disbursement Biographic State 003 Category/ Type Amount of Each Disbursement this Period State Office Sought: House Disbursement For: District: 003 Other (specify) FulNDRAISING EXPENSE FulName (Last, First, Middle Initial) Disbursement For: District: Disbursement For: District: Primary Other (specify) FulNDRAISING EXPENSE Busey Bank District: Disbursement For: District: Disbursement For: District: Transaction 10: 70413.E2619 Date of Disbursement the Period Other (specify) Busey Bank Mailing Address 201 W. Main Transaction 10: 70413.E2619 Date of Disbursement the Period Other (specify) Office Sought: State Zip Code Amount of Each Disbursement the Period Type Office Sought: House Disbursement For: Disbursement Other (specify) Ctity State Disbursement For: District: Disbursement For: Disbursement For: INTEREST PAYMENT Busey Bank Disbursement For: Disbursement Other (specify)					
2425 E. Lincoln State Zip Code City IL 61701- Purpose of Disbursement 003 Category/ Fundrasing Expense 003 Candidate Name Disbursement For: 003 Office Sought: House Disbursement For: President Other (specify) FUNDRAISING EXPENSE B. Busey Bank Transaction ID: 70413.E2619 Maling Address 201 W. Main City State Zip Code Urbana IL 61801- Purpose of Disbursement Endender 641.02 Refund or Disposal of Excess Contributions Required Under Candidate Name Disbursement 61801- Purpose of Disbursement IL 61801- Purpose of Disbursement Disbursement For: Senate President Disbursement For: It C.F.R. 400.53 Office Sought: House Disbursement For: President Other (specify) It C.F.R. 400.53 Category/ Transaction ID: 70413.E2637 Date of Disbursement 011 2 0 0 7					Date of Disbursement
Bioomington IL 61701- Purpose of Disbursement 003 Category' Candidate Name 003 Category' Office Sought: House Disbursement For: Octombutions Required Under 11 C.F.R. 400.53 Full Name (Last, First, Middle Initial) Base 201 W. Main Transaction ID: 70413.E2619 Date of Disbursement Disbursement For: 009 City State Zip Code Urbana IL 61801- President Other (specify) Amount of Each Disbursement this Peric Cardidate Name Disbursement For: 009 Category' Transaction ID: 70413.E2619 Date of Disbursement 641.02 President Disbursement For: Office Sought: House Category' City State: Zip Code		entative 88th District In			
Pundraising Expense 003 Candidate Name 003 Office Sought: House State: Disbursement For: Primdraising Expense Other (specify) ▼ Full Name (Last, First, Middle Initial) Transaction ID: 70413.E2619 B. Busey Bank Mailing Address 201 W. Main City State Urbana IL President 009 Cardidate Name O09 Cardidate Name Disbursement For: Urbana IL Bate: Disbursement For: Office Sought: House Office Sought: House Office Sought: Disbursement For: Orter (specify) V State: Disbursement For: Office Sought: House President Other (specify) State: Disbursement Office Sought: House Office Sought: House Other (specify) Transaction ID: 70413.E2637 Date of Disbursement Office Sought: President	Bloomington				Amount of Each Disbursement this Period
Candidate Name Category' Type Contributions Required Under 11 C.F.R. 400.53 Office Sought: House President Disbursement For: President FUNDRAISING EXPENSE State: District: Transaction ID: 70413.E2619 Date of Disbursement Transaction ID: 70413.E2619 Date of Disbursement City State Zip Code Urbana Mailing Address 201 W. Main City State Zip Code Urbana Amount of Each Disbursement this Peric Odigeory' Type Office Sought: House Senate Disbursement For: President 009 Category' Type Office Sought: House State: Disbursement For: President NTEREST PAYMENT Crutipulation Required Under 11 C.F.R. 400.53 INTEREST PAYMENT Candidate Name Other (specify) ▼ Interest Payment Candidate Name Disbursement For: Primary General Other (specify) ▼ Interest Payment City House Disbursement Other (specify) ▼ Amount of Each Disbursement this Peric 10 C.F.R. 400.53 Mailing Address 201 W. Main IL 61801- Amount of Each Disbursement Office Sought: House Disbursement For: Primary General Office Sought Office Sought					
Senate Primary General Other (specify) Image: Construction of the specify of the specific transaction is constructed with the specific				Category/	Contributions Required Under
Full Name (Last, First, Middle Initial) Transaction ID: 70413.E2619 Busey Bank Date of Disbursement Mailing Address 201 W. Main City State Zip Code Urbana IL 61801- Purpose of Disbursement 009 Category/ Gategory/ Type Disbursement For: Candidate Name Disbursement For: Office Sought: House District: Disbursement For: President Other (specify) State: Disbursement Mailing Address 201 W. Main Ctity State Disbursement For: Primary General Other (specify) Mailing Address 201 W. Main Ctity State Disbursement Mailing Address Mailing Address 201 W. Main City State Urbana IL G1801- Purpose of Disbursement Mailing Address 201 W. Main City State Urbana IL G1610- <td>Senate President</td> <td>Primary</td> <td></td> <td></td> <td>FUNDRAISING EXPENSE</td>	Senate President	Primary			FUNDRAISING EXPENSE
B. Busey Bank Mailing Address 201 W. Main City State Zip Code Urbana IL 61801- Purpose of Disbursement 009 Candidate Name 009 Candidate Name 009 Office Sought: House President Disbursement For: Primary General Office Sought: President State: District: Tansaction ID: 70413.E2637 Date of Disbursement this Peric Office Sought: House President Other (specify) Kate: District: Office Sought: House City State Zip Code IL Mailing Address 201 W. Main City State City State Cardidate Name IL Glice Sought: House Purpose of Disbursement 009 Cardidate Name IL Office Sought: House Senate Disbursement For: Office Sought: <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
City State Zip Code Amount of Each Disbursement this Perio Urbana IL 61801- 641.02 Purpose of Disbursement 009 Category/ Refund or Disposal of Excess Candidate Name Office Sought: House Disbursement For: INTEREST PAYMENT State: District: Other (specify) INTEREST PAYMENT INTEREST PAYMENT Full Name (Last, First, Middle Initial) C. Busey Bank Transaction ID: 70413.E2637 Date of Disbursement 019 / 2 0 0 7 Y Amount of Each Disbursement this Perio City State Zip Code Amount of Each Disbursement this Perio Mailing Address 201 W. Main Mailing Address 201 W. Main City State Zip Code Amount of Each Disbursement this Perio Urbana IL 61801- Prepose of Disbursement this Perio Purpose of Disbursement 009 Category/ Zip Code Urbana IL 61801- Prepose of Disbursement this Perio Ordice Sought: House Disbursement For: Other (specify) INTEREST PAYMENT State: <t< td=""><td></td><td></td><td></td><td></td><td>Date of Disbursement</td></t<>					Date of Disbursement
Urbana IL 61801- Purpose of Disbursement Interest Payment 009 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: INTEREST PAYMENT State: District: President Other (specify) Full Name (Last, First, Middle Initial) Transaction ID: 70413.E2637 Date of Disbursement C. Busey Bank Mailing Address 201 W. Main City State Zip Code 010 1 / Y 2 0 X 7 Purpose of Disbursement Interest Payment 009 Amount of Each Disbursement this Peric Candidate Name Disbursement For: 009 Refund or Disposal of Excess 021 W. Main Office Sought: House Disbursement For: Primary Office Sought: House Disbursement For: Refund or Disposal of Excess 0274.95 Office Sought: House Disbursement For: NTEREST PAYMENT State: Disbursement For: Primary General Office Sought: House Disbursement For: INTEREST PAYMENT State: District: Disbursement For: INTEREST PAYMENT	Mailing Address 201 W. Main				01 24 2007
Interest Payment 009 Candidate Name 009 Candidate Name 009 Office Sought: House State Disbursement For: President Other (specify) Full Name (Last, First, Middle Initial) C. Busey Bank Mailing Address 201 W. Main City State Urbana IL Interest Payment 009 Candidate Name 009 City State Urbana IL Interest Payment 009 Candidate Name 009 Category/ Y 2 0 0 7 Amount of Each Disbursement this Period Urbana IL Gandidate Name 009 Candidate Name Disbursement For: Office Sought: House Disbursement For: Senate President Disbursement For: Senate Disbursement For: President Other (specify) ▼ State: District:					Amount of Each Disbursement this Period
Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Senate Disbursement For: President INTEREST PAYMENT State: District: Transaction ID: 70413.E2637 Date of Disbursement Transaction ID: 70413.E2637 Date of Disbursement C. Busey Bank Mailing Address 201 W. Main Mailing Address City State Zip Code IL 61801- Purpose of Disbursement Interest Payment 009 Category/ Type Amount of Each Disbursement this Perior Contributions Required Under II C.F.R. 400.53 Disbursement For: 274.95 Office Sought: House Senate Disbursement For: 009 Category/ Type Office Sought: House President Disbursement For: INTEREST PAYMENT State: Disbursement For: Senate Primary General Office Sought: House Disbursement For: INTEREST PAYMENT State: District: Other (specify) ▼ INTEREST PAYMENT				000	
Senate Primary General Other (specify) INTEREST PAYMENT State: District: Full Name (Last, First, Middle Initial) Transaction ID: 70413.E2637 Busey Bank Date of Disbursement Mailing Address 201 W. Main City State Urbana IL 61801- Purpose of Disbursement Interest Payment Candidate Name Office Sought: House Disbursement For: President Office Sought: Disbursement For: President Disbursement For: Office Sought: Disbursement For: President Other (specify) State: District:				Category/	Contributions Required Under
Full Name (Last, First, Middle Initial) Transaction ID: 70413.E2637 Busey Bank Date of Disbursement Mailing Address 201 W. Main City State Zip Code Urbana IL 61801- Purpose of Disbursement 009 Interest Payment 009 Candidate Name Disbursement For: Office Sought: House Disbursement For: Senate President Other (specify) State: District:	Senate	Primary	General		INTEREST PAYMENT
C. Busey Bank Mailing Address 201 W. Main Mailing Address 201 W. Main City State Zip Code Urbana IL 61801- Purpose of Disbursement 009 Interest Payment 009 Candidate Name 009 Office Sought: House Disbursement For: Senate President Other (specify) State: District:					
City State Zip Code Urbana IL 61801- Purpose of Disbursement 009 Interest Payment 009 Candidate Name 009 Office Sought: House President Disbursement For: President Other (specify) State: District:	•				Date of Disbursement
Urbana IL 61801- 274.95 Purpose of Disbursement Interest Payment 009 Candidate Name Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ INTEREST PAYMENT	Mailing Address 201 W. Main				$\begin{array}{c} \stackrel{\text{M}}{0}\stackrel{\text{M}}{3} \stackrel{\text{M}}{} \stackrel{\text{M}}{ \stackrel{M}}{ \stackrel{\text{M}}{ \stackrel{M}} \stackrel{\text{M}}{ \stackrel{M}}{ \stackrel$
Interest Payment 009 Candidate Name 009 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District:					Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Interest 400.53 Office Sought: Senate Primary General President Other (specify) Interest Payment	Interest Payment			009	Refund or Disposal of Excess
Senate Primary General President Other (specify) State: District:	Candidate Name				
	Senate President	Primary	General		INTEREST PAYMENT
SUBTOTAL of Disbursements This Page (optional) 1753.32					1753.32

S	CHEDULE B (FEC Form 3)		NUMBER: PAGE 12/25				
IT	EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check only	x 17 18 19a 19b			
		Detailed Summary Fage		20a 20b 20c 21			
	y Information copied from such Reports and Statem for commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full)						
\rangle	Friends of Tim Johnson						
Α.	Full Name (Last, First, Middle Initial) Busey Bank			Transaction ID: 70413.E2650 Date of Disbursement			
	Mailing Address 201 W. Main			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} P & D \\ 2 & 6 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{pmatrix} Y & Y \\ Y \end{pmatrix} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{pmatrix} Y & Y \\ Y \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \begin{pmatrix} Y & Y \\ Y \end{pmatrix} \begin{pmatrix} Y & Y \\ Y \end{pmatrix} \end{pmatrix} \begin{pmatrix} Y & Y \\ Y \end{pmatrix} \begin{pmatrix} Y & Y \\ Y \end{pmatrix} \begin{pmatrix} Y & Y \\ Y \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \begin{pmatrix} Y & Y \\ Y \end{pmatrix} \begin{pmatrix} Y & Y \\ Y \end{pmatrix} \begin{pmatrix} Y & Y \\ Y \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \begin{pmatrix} Y & Y \\ Y \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \begin{pmatrix} Y & Y \\ Y \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \end{pmatrix} \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \end{pmatrix} \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \end{pmatrix} \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \end{pmatrix} \end{pmatrix} \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \end{pmatrix} \end{pmatrix} \end{pmatrix} \end{pmatrix} \begin{pmatrix} Y & Y \end{pmatrix} \end{pmatrix}$			
	,	State Zip Code IL 61801-		Amount of Each Disbursement this Period			
	Purpose of Disbursement Interest Payment		009	69.30 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		INTEREST PAYMENT			
	State: District: Full Name (Last, First, Middle Initial)						
В.	Commerce Champaign Chamber of			Transaction ID: 70413.E2614 Date of Disbursement			
	Mailing Address 1817 S. Neil Street			$\begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 3 \end{pmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{pmatrix}$			
		State Zip Code IL 61820-		Amount of Each Disbursement this Period			
	Purpose of Disbursement Membership Dues		004	240.00 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disbursed Senate President	ment For: Primary General Other (specify) ▼		MEMBERSHIP DUES			
	State: District:						
C.	Full Name (Last, First, Middle Initial) Devonshire Realty			Transaction ID: 70104.E2611 Date of Disbursement			
	Mailing Address PO Box 140			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} 1 & D \\ 0 & 4 \end{bmatrix} \begin{pmatrix} 0 & D \\ 0 & 4 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $			
		State Zip Code IL 61824-0140		Amount of Each Disbursement this Period			
	Purpose of Disbursement Rent		001	575.00 Refund or Disposal of Excess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		RENT			
	884.30						
	SUBTOTAL of Disbursements This Page (optional)						
	OTAL This Period (last page this line number only)		····· •				

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 13/25
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
Α.	Full Name (Last, First, Middle Initial) Devonshire Realty			Transaction ID: 70413.E2622 Date of Disbursement
	Mailing Address PO Box 140			$\begin{array}{c c} M & M \\ \hline 0 & 1 \end{array} \begin{array}{c} ' & D \\ \hline 3 & 1 \end{array} \begin{array}{c} ' & Y \\ \hline Y \\ \hline 2 & 0 & 0 \\ \hline 7 \end{array} \begin{array}{c} Y \\ \hline 2 \\ \hline 7 \end{array} $
	Champaign	State Zip Code IL 61824-0140		Amount of Each Disbursement this Period
	Purpose of Disbursement Rent Candidate Name		001 Category/ Type	575.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	71-2	RENT
в.	Full Name (Last, First, Middle Initial) Devonshire Realty			Transaction ID: 70413.E2634 Date of Disbursement
	Mailing Address PO Box 140			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} / \begin{bmatrix} D & D \\ 0 & 1 \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} Y$
	,	State Zip Code IL 61824-0140		Amount of Each Disbursement this Period 575.00
	Rent Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		RENT
	State: District:			
C.	Full Name (Last, First, Middle Initial) Devonshire Realty			Transaction ID: 70413.E2641 Date of Disbursement
	Mailing Address PO Box 140			M 3 M / D 2 0 / Y Y 0 7 Y
	Champaign	State Zip Code IL 61824-0140		Amount of Each Disbursement this Period
	Purpose of Disbursement Lighting Repairs		001	20.50 Refund or Disposal of Excess Contributions Required Under
	Candidate Name		Category/ Type	11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		LIGHTING REPAIRS
				1170.50
	UBTOTAL of Disbursements This Page (optional) .			
Т	OTAL This Period (last page this line number only)		····· •	

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
$\overline{)}$	NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
Α.	Full Name (Last, First, Middle Initial) Devonshire Realty			Transaction ID: 70413.E2654 Date of Disbursement
	Mailing Address PO Box 140			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} P & D \\ 2 & 6 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix} $
	Champaign	State Zip Code IL 61824-0140		Amount of Each Disbursement this Period
	Purpose of Disbursement Rent Candidate Name	[001 Category/ Type	575.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	RENT
в.	Full Name (Last, First, Middle Initial) Gordy Hulten			Transaction ID: 70413.E2621 Date of Disbursement
	Mailing Address 2934 Stonecreek Blvd			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} P & D \\ 3 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
	Urbana Purpose of Disbursement	State Zip Code IL 61801-		Amount of Each Disbursement this Period 1500.00
	Salary Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary General Other (specify) V		SALARY
C.	State: District: Full Name (Last, First, Middle Initial) Gordy Hulten			Transaction ID: 70413.E2632 Date of Disbursement
	Mailing Address 2934 Stonecreek Blvd			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 1 \\ 2 \\ \end{array} \begin{array}{c} D \\ 2 \\ 8 \\ \end{array} \begin{array}{c} D \\ 2 \\ 8 \\ \end{array} \begin{array}{c} T \\ T \\ 2 \\ 0 \\ 0 \\ 7 \\ \end{array} \begin{array}{c} T \\ T $
		State Zip Code IL 61801-		Amount of Each Disbursement this Period
	Purpose of Disbursement Salary 001			1500.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		SALARY
e	UBTOTAL of Disbursements This Page (optional) .		►	3575.00

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 15/25
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
Α.	Full Name (Last, First, Middle Initial) Gordy Hulten Mailing Address 2934 Stonecreek Blvd			Transaction ID: 70413.E2640 Date of Disbursement 03^{M} / D 12^{D} / $\overset{Y}{2}$ $\overset{Y}{2}$ $\overset{Y}{0}$ $\overset{Y}{7}$
	,	State Zip Code IL 61801-		Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Expenses Candidate Name		003 Category/ Type	149.06 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		FUNDRAISING EXPENSES
в.	Full Name (Last, First, Middle Initial) Gordy Hulten			Transaction ID: 70413.E2660 Date of Disbursement
	Mailing Address 2934 Stonecreek Blvd			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D \\ 3 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y \\ Y \end{bmatrix} \begin{bmatrix} Y & Y \\ 2 & 0 \end{bmatrix} \begin{bmatrix} Y & Y \\ Y \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} \end{bmatrix} \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix} \begin{bmatrix} Y \\ $
	,	State Zip Code IL 61801-		Amount of Each Disbursement this Period
	Salary Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		SALARY
	State: District:			
C.	Full Name (Last, First, Middle Initial) Illinois Department of Rev			Transaction ID: 70413.E2625 Date of Disbursement
	Mailing Address Willard Ice Bldg. 101 West Jefferson			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 3 \\ 1 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 7 \end{array} \right) \left(\begin{array}{c} Y \\ Y $
	City	State Zip Code IL 62702-		Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes		001	224.07 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		TAXES
				1873.13
	UBTOTAL of Disbursements This Page (optional)			
Ľ	(•	

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 16 / 25 y one)
1		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem or commercial purposes, other than using the name			
>	NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
	Full Name (Last, First, Middle Initial) Internal Revenue Service			Transaction ID: 70413.E2623 Date of Disbursement
	Mailing Address IRS			$\begin{array}{c c} M & M \\ 0 & 1 \end{array} \begin{array}{c} D & D \\ 3 & 1 \end{array} \begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \end{array} \begin{array}{c} Y \\ 2 \end{array}$
	Kansas City	StateZip CodeMO64999-0102		Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes Candidate Name		001 Category/ Type	3.52 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼	1)po	TAXES
	Full Name (Last, First, Middle Initial) Internal Revenue Service			Transaction ID: 70413.E2624 Date of Disbursement
	Mailing Address IRS			$\begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 3 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y \\ 2 & 0 & 0 \end{bmatrix}$
	,	StateZip CodeMO64999-0102		Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes Candidate Name		001 Category/ Type	1988.54 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: Primary General Other (specify) V		TAXES
	State: District: Full Name (Last, First, Middle Initial) Managed Tax Services			Transaction ID: 70413.E2651 Date of Disbursement
	Mailing Address 2501 Galen Dr			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 6 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix}$
		State Zip Code IL 61826-		Amount of Each Disbursement this Period
	Purpose of Disbursement Tax Services		001	475.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		TAX SERVICES
s	JBTOTAL of Disbursements This Page (optional).			2467.06

		Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 17 / 25
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Stateme or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
	Full Name (Last, First, Middle Initial)			Transaction ID: 70413.E2652
•	Mclean County Repub. Central Committee Mailing Address PO Box 5056			Date of Disbursement
	Bloomington	State Zip Code L 61702-5056		Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Donation		010	
	Candidate Name		012 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		DONATION
	Full Name (Last, First, Middle Initial)			Transaction ID: 70413.E2647
•	Depot Office			Date of Disbursement
	Mailing Address 111 Convenience Center			03 22 2007
	,	State Zip Code L 61820-		Amount of Each Disbursement this Period
	Purpose of Disbursement			984.77
	Office Supplies Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼		OFFICE SUPPLIES
	State: District:			
-	Full Name (Last, First, Middle Initial) Jason Shelby			Transaction ID: 70413.E2629 Date of Disbursement
	Mailing Address 6402 Birchwood Lane			$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 9 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
		State Zip Code L 62521-		Amount of Each Disbursement this Period
	Purpose of Disbursement Salary		001	116.15 Refund or Disposal of Excess
	Candidate Name Category/ Type			Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		SALARY
	JBTOTAL of Disbursements This Page (optional)		►	1350.92

O.S. FOSTINASIEN Date of Disbursement Mailing Address 2001 N. Mattis City State Zip Code Champaign IL 61821- Purpose of Disbursement 001 Postage 001 Candidate Name 001 Office Sought: House President Disbursement For: President Other (specify) State: District: President Other (specify) Full Name (Last, First, Middle Initial) U.S. Postmaster Mailing Address 2001 N. Mattis City State Zip Code City State Zip Code Mailing Address 2001 N. Mattis Amount of Each Disbursement this Ø 3 M / Ø 3 D / Ý 2 0 Č Amount of Each Disbursement this Ø 3 M / Ø 3 D / Ý 2 0 Č Amount of Each Disbursement this Ø 3 M / Ø 3 D / Ý 2 0 Č Amount of Each Disbursement this Ø 3 M / Ø 3 D / Ý 2 0 Č Amount of Each Disbursement this Ø 3 M / Ø 3 D / Ý 2 0 Č Amount of Each Disbursement this Ø 3 M / Ø 3 D / Ý 2 0 Č Amount of Each Disbursement this	ons e
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Friends of Tim Johnson Full Name (Last, First, Middle Initial) A. U.S. Postmaster Mailing Address 2001 N. Mattis City State Zip Code Champaign IL 61821- Purpose of Disbursement 001 Postage 001 Cardidate Name Disbursement For: Office Sought: House Senate President President Other (specify) Mailing Address 2001 N. Mattis Transaction ID: 70413.E2657 Date of Disbursement President Other (specify) Full Name (Last, First, Middle Initial) Transaction ID: 70413.E2657 B. U.S. Postmaster Mailing Address 2001 N. Mattis City State Zip Code Champaign IL 61821- Purpose of Disbursement 001 Mailing Address Po Box Rent 001 Refund or Disposal of Excess	e) 7 ^Y s Period
NAME OF COMMITTEE (In Full) Friends of Tim Johnson Full Name (Last, First, Middle Initial) A. U.S. Postmaster Mailing Address 2001 N. Mattis City State City State Purpose of Disbursement Postage 001 Candidate Name 001 Office Sought: House Senate President Office Sought: Disbursement For: Office Sought: Disbursement For: President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Transaction ID: 70413.E2657 Date of Disbursement For: Other (specify) ▼ President Other (specify) ▼ Refund or Disposal of Excess Cottributions Required Under 11 C.F.R. 400.53 POSTAGE Postage Gity State: District: President Mailing Address 2001 N. Mattis City State Zip Code Champaign IL 61821- Purpose of Disbursement 001) 7 ^Y s Period
A. U.S. Postmaster Date of Disbursement Mailing Address 2001 N. Mattis Date of Disbursement City State Zip Code Champaign IL 61821- Purpose of Disbursement 001 Postage 001 Category/ Type Office Sought: House President Disbursement For: Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Transaction ID: 70413.E2657 Date of Disbursement Disbursement Mailing Address 2001 N. Mattis City State Zip Code Champaign IL 61821- Purpose of Disbursement Disbursement Mailing Address 2001 N. Mattis City State Zip Code Champaign IL 61821- Purpose of Disbursement 001 Po Box Rent 001	s Period
City State Zip Code Champaign IL 61821- Purpose of Disbursement 001 Postage 001 Candidate Name 001 Category/ Type Office Sought: House President Disbursement For: President Other (specify) State: District: President Other (specify) Mailing Address 2001 N. Mattis City State Purpose of Disbursement PO Box Rent	s Period
Champaign IL 61821- Purpose of Disbursement 001 Category/ Postage 001 Category/ Candidate Name Disbursement For: Category/ Office Sought: House Disbursement For: President State: District: Other (specify) POSTAGE Full Name (Last, First, Middle Initial) Transaction ID: 70413.E2657 Date of Disbursement B. U.S. Postmaster 03 ^M / ^D 3 ^D / ^Y 2 0 ^Q Mailing Address 2001 N. Mattis Matting City State Zip Code Champaign IL 61821- Purpose of Disbursement 001 Refund or Disposal of Excess Po Box Rent 001 Refund or Disposal of Excess	
Publication 001 Postage 001 Candidate Name 001 Candidate Name 001 Candidate Name 001 Category/ Type 001 Office Sought: House President Disbursement For: President Other (specify) State: District: Postage Primary General Postage President Other (specify) State: District: B. U.S. Postmaster Mailing Address 2001 N. Mattis City State Zip Code Champaign IL 61821- Purpose of Disbursement 001 Refund or Disposal of Excess Refund or Disposal of Excess 001 Refund or Disposal of Excess	5.00
Office Sought: House Senate Disbursement For: Primary PostAGE State: District: Primary General B. U.S. Postmaster Transaction ID: 70413.E2657 Date of Disbursement Disbursement Mailing Address 2001 N. Mattis 03 M / 03 I / 2000 Y 2000 City State Zip Code IL Amount of Each Disbursement this Purpose of Disbursement 001 Refund or Disposal of Excess	
Full Name (Last, First, Middle Initial) Transaction ID: 70413.E2657 U.S. Postmaster Date of Disbursement Mailing Address 2001 N. Mattis City State Zip Code Champaign IL Purpose of Disbursement 001 PO Box Rent 001	
Mailing Address 2001 N. Mattis City State Zip Code Champaign IL 61821- Purpose of Disbursement 001 Refund or Disposal of Excess PO Box Rent 001 Refund or Disposal of Excess	
Champaign IL 61821- Purpose of Disbursement 001 Refund or Disposal of Excess)7 [×]
PO Box Rent 001 Refund or Disposal of Excess	s Period 2.00
Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disbursement For: Senate Primary General President Other (specify)	
State: District: Full Name (Last, First, Middle Initial) Transaction ID: 70413.E2613 C. Verizon Wireless Date of Disbursement	
Mailing Address PO Box 6170)7 [×]
City State Zip Code Amount of Each Disbursement this Carol Stream IL 60197- IL	3 Period
Phone Service 001 Refund or Disposal of Excess	0.00
Candidate Name Category/ Type Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disbursement For: PHONE SERVICE Senate Primary General President Other (specify) ▼	
TOTAL This Period (last page this line number only)	3.00

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 19/25
_	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
Α.	Full Name (Last, First, Middle Initial) Verizon Wireless			Transaction ID: 70413.E2618 Date of Disbursement
	Mailing Address PO Box 6170			$ \begin{array}{c} M & M \\ 0 & 1 \end{array} \right) \left(\begin{array}{c} D & D \\ 2 & 4 \end{array} \right) \left(\begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y & Y \\ 2 & 0 & 0 \end{array} \right) \right) $
	5	State Zip Code IL 60197-		Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Service Candidate Name		001 Category/	173.81 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) V	Туре	PHONE SERVICE
В.	Full Name (Last, First, Middle Initial)			Transaction ID: 70413.E2631 Date of Disbursement
	Mailing Address PO Box 6170			$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
	,	State Zip Code IL 60197-		Amount of Each Disbursement this Period
	Phone Service Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary General Other (specify) ▼		PHONE SERVICE
C.	State: District: Full Name (Last, First, Middle Initial) Verizon Wireless			Transaction ID: 70413.E2636 Date of Disbursement
	Mailing Address PO Box 6170			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
		State Zip Code IL 60197-		Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Service 001			173.81 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		PHONE SERVICE
9	UBTOTAL of Disbursements This Page (optional) .			497.62
	OTAL This Period (last page this line number only)			
I				

SCHEDULE B (FEC Form 3)	Use seperate schedule(s) for each category of the	FOR LINE (check only	
	Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
Full Name (Last, First, Middle Initial) • Verizon Wireless			Transaction ID: 70413.E2648 Date of Disbursement
Mailing Address PO Box 6170			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{pmatrix} D & D \\ 2 & 3 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \end{pmatrix} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \end{pmatrix}$
Carol Stream	State Zip Code IL 60197-		Amount of Each Disbursement this Period
Purpose of Disbursement Phone Service Candidate Name		001 Category/	Refund or Disposal of Excess Contributions Required Under
Senate President	ement For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53 PHONE SERVICE
State: District: Full Name (Last, First, Middle Initial) Verizon Wireless			Transaction ID: 70413.E2655 Date of Disbursement
Mailing Address PO Box 6170			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 8 \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
Carol Stream Purpose of Disbursement	State Zip Code IL 60197-		Amount of Each Disbursement this Period 178.96
Phone Service Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		PHONE SERVICE
Full Name (Last, First, Middle Initial)			Transaction ID: 70413.E2642 Date of Disbursement
Mailing Address 228 South Washington Suite B-200			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 2 & 0 \end{pmatrix} $ $ \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{pmatrix} $ $ \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \end{pmatrix} $
Alexandria	State Zip Code VA 22314-		Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Expense Candidate Name		003 Category/	5276.76 Refund or Disposal of Excess Contributions Required Under
	ement For:	Туре	11 C.F.R. 400.53
Senate President State: District:	Primary General Other (specify)		FUNDRAISING EXPENSE
SUBTOTAL of Disbursements This Page (optional)		►	5605.72
TOTAL This Period (last page this line number only)			20399.32

S	CHEDULE B (FEC Form 3				NUMBER: PAGE 21/25
	EMIZED DISBURSEMEN	⁻ Use sepe	Use seperate schedule(s) for each category of the		y one)
11		Detailed S	Summary Page	I r	17 18 X 19a 19b
			, ,		20a 20b 20c 21
					for the purpose of solicating contributions
or t	or commercial purposes, other than usir	g the name and addres	s of any political co	ommittee to so	licit contributions from such committee
Ν	NAME OF COMMITTEE (In Full)				
17	Friends of Tim Johnson				
L					
۸	Full Name (Last, First, Middle Initial)				Transaction ID: 70413.E2662
Α.	Busey Bank	Date of Disbursement			
	Mailing Address 201 W. Main				02 ^M /01 ^Y YYYY 2007 ^Y
	City	State	Zip Code		Amount of Each Disbursement this Period
	Urbana	IL	61801-		
	Purpose of Disbursement				37470.42
	Repay Loan Made/Guar. by Cand 009 Loan R				Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disbursement For:	2008		
	Senate	X Primary	General		
	President	Other (spe	cify) 🔻		
	State: District:				
-	Full Name (Last, First, Middle Initial)				Transaction ID: 70413.E2627
В.	Busey Bank				Date of Disbursement
	Mailing Address 201 W Main				02 ^M /01 ^Y YYY 2007 ^Y
	Mailing Address 201 W. Main				
	City	State	Zip Code		Amount of Each Disbursement this Period
	Urbana	IL	61801-		
	Purpose of Disbursement				26774.88
	Repay Loan Made/Guar. by Cand 009 L	oan P			Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disbursement For:	2008		
	Senate	X Primary	General		
	President	Other (spe	cify) 🔻		
	State: District:				

SUBTOTAL of Disbursements This Page (optional)	•	64245.30
TOTAL This Period (last page this line number only)	►	64245.30
FEC Schedule B (Form 3) Rev. 02/2003		

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	17 18 19a 19b 20a 20b X 20c 21
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Friends of Tim Johnson		
Full Name (Last, First, Middle Initial) A. John Deere PAC Mailing Address One John Deer Plaza		Transaction ID: 70414.E2663 Date of Disbursement
	tate Zip Code L 61265- 010 Category/ Type	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	nent For: 2008 Primary General Other (specify) ▼	-

SUBTOTAL of Disbursements This Page (optional)	►	1000.00
TOTAL This Period (last page this line number only)	•	1000.00
FEC Schedule B (Form 3) Rev. 02/2003		

SCHEDULE C (FEC Form 3)
------------------------	---

SCHEDULE C (FEC Form 3)			PAGE 23 / 25	
LOANS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 13a 13b	
NAME OF COMMITTEE (In Full)				
Friends of Tim Johnson				
			tion ID: LS60831.C7050	
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Ele	ection: Primary	
Busey Bank			General	
Mailing Address 201 W. Main				
City Urbana	State IL ZIP Coc		nina y	
Original Amount of Loan	Cumulative Payment To	Date Balance C	Dutstanding at Close of This Period	
100000.00		97500.00	2500.00	
TERMS	Data Dua	Interest Date		
Date Incurred	Date Due	Interest Rate		
01 24 2000	20070521	10.	25 % (apr) X Yes No	
List All Endorsers or Guarantors (if any) to	Loan Source			
Full Name (Last, First, Middle Initial) Timothy V. Johnson		Name of Employer		
Mailing Address		Occupation		
413 Berringer Circle				
City Sta	ate ZIP Code	Amount Guaranteed	2500.00	
City Sta Urbana IL	61802-	Outstanding:	2300.00	
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City Sta	ate ZIP Code	Guaranteed		
Full Name (Last, First, Middle Initial)		Outstanding:		
		Name of Employer		
Mailing Address		Occupation		
		Amount		
City Sta	ate ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
Maining Address				
		Amount		
City Sta	ate ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (option	al)	•	2500.00	
TOTALS This Period (last page in this line o	nly)			
Carry outstanding balance only to LINE 3, Sci	hedule D, for this line. If no Sche	edule D, carry forward to appropr	aite line of Summary.	

FEC Schedule C ($\,Form\,3\,$) $\,Rev.\,02/2003\,$

- 3							
SCHEDULE C (FEC Form 3)			PAGE 24 / 25				
LOANS		Use separate so	chedule(s)				
		for each category of t Detailed Summary P		(check only one)	Х	13a 13b	
NAME OF COMMITTEE (In Full)		L					
Friends of Tim Johnson							
				on ID: LS60831.C70	52		
LOAN SOURCE Full Name (Last, Firs	t, Middle Initial)		Elec	ction:			
Busey Bank				Primary General			
Mailing Address 201 W. Main		X					
Mailing Address 201 W. Main	Primary						
City Urbana	State IL ZIP C	ode 61801-		linary			
Original Amount of Loan	Cumulative Payment T	o Date	Balance O	utstanding at Close of T	his P	eriod	
40000.0	0	37470.42		252	9.58		
TERMO							
TERMS Date Incurred	Date Due	Ir	nterest Rate	Secure	ed:		
M M D D Q Y	Y 20070521		10.2	25 % (apr) X Ye	es	No	
List All Endorsers or Guarantors (if any)	o Loan Source						
Full Name (Last, First, Middle Initial) Timothy Johnson		Name of Employer					
Mailing Address		Occupation					
413 Berringer Circle		Attorney					
		Amount			_		
	tate ZIP Code	Guaranteed		2529.58			
Urbana II		Outstanding:					
Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount			_		
City S	tate ZIP Code	Guaranteed					
		Outstanding:					
Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount					
City	tate ZIP Code	Guaranteed					
		Outstanding:					
Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
		Amount					
City	tate ZIP Code	Guaranteed					
Unity C							

	City	State	ZIP Code	Guaranteed Outstanding:		
s	UBTOTALS This Period This Pa	ge (optional)		►	2529.58	
т	OTALS This Period (last page in	this line only)		•	5029.58	
C	Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropraite line of Summary.					

CHEDULE D (FEC Form 3)		(1160	separate	PAGE 25 / 25	
DEBTS AND OBLIGATIONS		sch	edule(s) r each	FOR LINE NUMBER:	
		numb	pered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In Full) Friends of Tim Johnson					
A. Full Name (Last, First, Middle Initial) of Debto Busey Bank	r or Creditor			ebt (Purpose): ed Interest	
Mailing Address 201 W. Main					
City State Urbana IL	ZIP Code 61801-				
Outstanding Balance Beginning This Period			Trai	nsaction ID: LS70413.E2619	
172.17					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
896.53	985.27	7		83.43	
1) SUBTOTALS This Period This Page (optional).		►		83.43	
2) TOTALS This Period (last page this line number	only)	•		83.43	
3) TOTALS OUTSTANDING LOANS from Sched	ule C (last page only)	. •			
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)) •			