FEC FORM 3	AND DIS	T OF RE SBURSE	MENTS		Offic	e Use Only
1. NAME OF COMMITTEE (in	full) USE FEC MAIL OR TYPE OR F		xample:If typing, typ over the lines	be		
Friends of Tim Jc	hnson					
	nd street) IPO Box 17	<u> </u>)97				
ADDRESS (number a	Ind street)					
Check if diff than previou reported. (A	sly					61803
2. FEC IDENTIFIC	ATION NUMBER 🛛 🗑	CITY 🛦		STA	TEA	ZIP CODE 🛋
C0035042	1	3. IS THIS REPORT	X NEW (N)	OR	AMENDED (A)	STATE ♥ DISTRIC
July 15	eports: 5 Quarterly Report (Q1) Quarterly Report (Q2) r 15 Quarterly Report (Q3)	Election on		C)	General (12G) Special (12S) 2 0 0 6	Runoff (12R) in the State of
_	y 31 Year-End Report (YE) ation Report (TER)	(c) 30-Day PC	OST-Election Repor General (30G)	t for the:	Runoff (30R)	Special (30S) in the State of
5. Covering Period	0101	2006	through	03	0 1	2006
	mined this Report and to the	best of my knowled	ge and belief it is tru	ue, correct and	complete.	
Type or Print Name of	Treasurer <u>Sames</u>	ST. Diay				
Signature of Treasure	r Electronically Filed by	James P. Bray		Date	03	09 2006
NOTE : Submission o	f false, erroneous, or incomp	lete information may	subject the person	signing this Re	eport to the pena	Ities of 2 U.S.C 437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

Image# 26970108157		SUMMARY PAGE		
	FEC Form 3 (Revised 02/2003)	of Receipts and Disbursements		Page 2
v	/rite or Type Committee Name			
F	riends of Tim Johnson			
R	eport Covering the Period: From:	M M D D Y Y Y Y 0 1 0 1 2 0 0 6	To: 03 01	Y Y Y Y 2006
		COLUMN A This Period	COLUMN Election Cycle-te	
6.	Net Contributions (other than loans)			
	(a) Total Contributions (other than loans) (from Line 11(e))	26597.00		157510.75
	(b) Total Contribution Refunds (from Line 20(d))	0.00		100.00
	(c) Net Contributions (other than loans)(subtract Line 6(b) from Line 6(a))	26597.00		157410.75
7.	Net Operating Expenditures	-		
	(a) Total Operating Expenditures (from Line 17)	16254.16		136803.61
	(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))			136803.61
8.	Cash on Hand at Close of Reporting Period (from Line 27)	90365.21		
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)	69911.09]	

For further information contact:

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

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

14/-11	FEC Form 3 (Revised 02/2003)	of Receipts	Page 3
	or Type Committee Name ds of Tim Johnson		
Repor	t Covering the Period: From:	M M D D V Y Y Y 0 1 0 1 2 0 0 6	To: 03 01 Y Y Y 200
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
1. CO	ONTRIBUTIONS (other than loans) FROM	:	
(a)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	11750.00	29637.30
		1347.00	37472.00
	 (ii) Unitemized (iii) TOTAL of contributions from individuals 	13097.00	67109.30
(b)	Political Party Committees	0.00	196.00
(c)	Other Political Committees (such as PACS)	13500.00	90205.45
(d) (e)		0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	26597.00	157510.75
	ANSFERS FROM OTHER THORIZED COMMITTEES	0.00	0.00
3. LO	ANS		
(a)	Made or Guaranteed by the Candidate	0.00	0.00
(1-)		0.00	0.00
(b) (c)		0.00	0.00
EX	FSETS TO OPERATING PENDITURES efunds, Rebates, etc.)	0.00	0.00
	HER RECEIPTS vidends, Interest, etc.)	0.00	0.00
6. TO	TAL RECEIPTS (add Lines (e), 12, 13(c), 14, and 15)	26597.00	157510.75

Image# 26970108159

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003) **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 16254.16 136803.61 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 170000.00 by the Candidate..... 0.00 0.00 (b) Of all Other Loans..... (c) TOTAL LOAN REPAYMENTS 0.00 170000.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other 0.00 100.00 Than Political Committees..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 100.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS..... 22. TOTAL DISBURSEMENTS 16254.16 306903.61 (add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	80022.37
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	26597.00
25.	SUBTOTAL (add Line 23 and Line 24)	106619.37
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	16254.16
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	90365.21

Page 4

SC	HEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 5 / 25
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	12 13a 13b 14 15
Any	r information copied from such Reports an	d Statements may	y not be sold or used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)			
	Friends of Tim Johnson			
	Full Name (Last, First, Middle Initial) AFSCME			Date of Receipt
-	Mailing Address 1625 L Street N.W.			M + M / D + D / Y
	City	State	Zip Code	Transaction ID: 60303.C6904
-	Washington	DC	20036	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	C		4000.00
ī	Name of Employer	Occupation	n	Receipt
-				Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
I	Receipt For: 2006	Election C	Cycle-to-Date ▼	
	Other (specify)		5000.00	
	Full Name (Last, First, Middle Initial) American Medical Association PAC			Date of Receipt
I	Mailing Address 1101 Vermont Aver	nue, NW		M + M / D + D / Y + Y + Y + Y Y Y Y + Y + Y Y
	City	State	Zip Code	Transaction ID: 60303.C6907
-	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	C C70	0001847	2000.00
Ī	Name of Employer	Occupation	n	Receipt Limit Increased Due to Opponent's
Ī	Receipt For:2006	Election C	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	2000.00	
	Full Name (Last, First, Middle Initial) Engineers Political Education Committee			Date of Receipt
ļ	Mailing Address 1125 Seventeenth S	Street Northwes	t	02 09 2006
	City	State	Zip Code	Transaction ID: 60303.C6902
-	Washington	DC	20036	Amount of Each Receipt this Period
	FEC ID number of contributing iederal political committee.	C C00	0029504	3000.00
Ī	Name of Employer	Occupation	n	Receipt Limit Increased Due to Opponent's
Ī	Receipt For: 2006	Election C	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	5000.00	
SI	BTOTAL of Receipts This Page (optiona)		9000.00
	TAL This Period (last page this line num			

	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 ar for commercial purposes, other than using	nd Statements may the name and add	v not be sold or used by any perso dress of any political committee to	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			
Α.	Full Name (Last, First, Middle Initial) IUPAT - Political Action Together	5 15 4 7		Date of Receipt
	Mailing Address 1750 New York Ave	e., NVV State	Zip Code	M M / D D / Y
	Washington	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0349035	1000.00
	Name of Employer	Occupatio	n	
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	2000.00	
в.	Full Name (Last, First, Middle Initial) Laborers Political League	I		Date of Receipt
	Mailing Address 905 16th Street, NV			0 2 / 2 4 / Y Y Y Y 2 0 0 6
	City	State DC	Zip Code	Transaction ID: 60303.C6903
	Washington FEC ID number of contributing federal political committee.	C	20006	Amount of Each Receipt this Period
	Name of Employer	Occupatio	n	Receipt Limit Increased Due to Opponent's
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 5000.00	Spending (2 U.S.C. 441a(i)/441a-1)
с.	Full Name (Last, First, Middle Initial) Realtors PAC			Date of Receipt
	Mailing Address 430 N Michigan Ave	enue		M M / D D / Y
	City	State IL	Zip Code	Transaction ID: 60303.C6901
	Chicago FEC ID number of contributing federal political committee.		60611 0030718	Amount of Each Receipt this Period
	Name of Employer	Occupatio	n	Receipt Limit Increased Due to Opponent's
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	Cycle-to-Date ▼ 2000.00	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optiona	l)		4500.00
Т	OTAL This Period (last page this line num	ber only)		- 13500.00

S	CHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/25
ITEMIZED RECEIPTS		,	or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Ar	v information copied from such Reports and	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	Iress of any political committee to	o solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	Friends of Tim Johnson			
A.	Full Name (Last, First, Middle Initial) Jon Buerkett			Date of Receipt
	Mailing Address 1109 Sterling Drive			M M / D D / Y Y Y Y 02 24 2006
	City	State	Zip Code	Transaction ID: 60303.C6905
	Champaign	IL	61821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatior	1	- Receipt
	Requested Info	Requeste		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	ycle-to-Date 🔻	Spending (2 0.3.0. 44 ra(i)/44 ra-1)
	X Primary General		250.00	
		0 0	0 0 0 0 0 0 0	
в.	Full Name (Last, First, Middle Initial) Tom Fiedler			Date of Receipt
	Mailing Address 27 Green Croft Drive	e		M M / D D / Y
	City	State	Zip Code	Transaction ID: 60303.C6906
	Champaign	IL	61821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupatior	1	- Receipt
	Melody Music	Owner		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	ycle-to-Date 🔻	
	X Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Least First Middle Initial)			
C.	Full Name (Last, First, Middle Initial) Jane Henneman			Date of Receipt
	Mailing Address 1001 Wilshire Court			M M / D D / Y Y Y Y 01 19 2006
	City	State	Zip Code	Transaction ID: 60127.C6875
	Champaign	<u>IL</u>	61821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self-employed	Occupatior		Receipt
		Homema		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General	Election C	ycle-to-Date 🔻	
	Other (specify) ▼	0.0	300.00	
s	UBTOTAL of Receipts This Page (optional)		800.00
F		,		
т	OTAL This Period (last page this line numb	per only)		

S	CHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 25 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 11d
		Detailed Summary Pag		12 13a 13b 14 15
Ar or	y information copied from such Reports ar for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	Friends of Tim Johnson			
Α.	Full Name (Last, First, Middle Initial) Ira & Cecile Lebenson			Date of Receipt
	Mailing Address 307 West Indiana			0 2 / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
	City	State	Zip Code	Transaction ID: 60303.C6898
	Urbana	IL	61801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n	Receipt
	Christie Clinic	Surgeon		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	425.00]
в.	Full Name (Last, First, Middle Initial) Jim Liautaud			Date of Receipt
	Mailing Address 1002 W. Armory			M M M / D D / Y Y Y Y <
	City	State	Zip Code	Transaction ID: 60127.C6877
	Champaign	IL	61821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Jimmy Johns	Occupation Chairman		Ecceipt Limit Increased Due to Opponent's
	Receipt For: 2006	Election Cycle-to-Date 🔻		Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	1000.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) William Libman			Date of Receipt
	Mailing Address 818 Dodds Drive			M • M / D • D / Y • Y • Y • Y Y Y • Y • Y Y Y Y • Y • Y Y
	City	State	Zip Code	Transaction ID: 60104.C6874
	Champaign	IL	61820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Libman Properties	Occupation Partner	n	Receipt Limit Increased Due to Opponent's
	Receipt For: 2006 X Primary General	Election C	Cycle-to-Date 🔻	Spending (2 U.S.C. 441a(i)/441a-1)
	Other (specify)		475.00	
s	UBTOTAL of Receipts This Page (optiona	u)		1550.00
	OTAL This Period (last page this line num			

	CHEDULE A (FEC Form 3)	Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 9 / 25 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Ar or	y information copied from such Reports and s for commercial purposes, other than using th	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
<u>к</u>	Full Name (Last, First, Middle Initial) Greg Lykins			Date of Receipt
	Mailing Address 1400 Waverly Drive			M M / D D / Y Y Y Y 01 27 2006
	City	State	Zip Code	Transaction ID: 60127.C6883
	Champaign FEC ID number of contributing		61821	Amount of Each Receipt this Period
	federal political committee.	C		1000.00
	Name of Employer Main Street Trust, Inc	Occupation		
	Receipt For: 2006	Chairman Election C	n Sycle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	1000.00]
в.	Full Name (Last, First, Middle Initial) Louis Mervis			Date of Receipt
	Mailing Address 2001 N. Logan			M M / D D / Y Y Y Y 01 24 2006
	City	State	Zip Code	Transaction ID: 60127.C6876
	Danville		61832	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer retired	Occupation	n	
	Receipt For: 2006	Retired Election C	cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		2000.00	1
	Other (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) August Meyer			Date of Receipt
	Mailing Address c/o August C. Meyer, 100 W University Ave	Jr. 4th Floor		M M / D D / Y Y Y Y 01 27 2006
	City	State	Zip Code	Transaction ID: 60127.C6881
	Champaign		61820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Mid-West Television, Inc.	Occupation Executive		Receipt Limit Increased Due to Opponent's
	Receipt For: 2006		Sycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	2000.00]
s	UBTOTAL of Receipts This Page (optional) .	<u> </u>		4000.00
Т	OTAL This Period (last page this line number	r only)	· · · ·	-

S	CHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 25		
	EMIZED RECEIPTS	,	or each category of the	(check only one)		
••		Detailed Su		X 11a 11b 11c 11d 12 13a 13b 14 15		
Ar	y information copied from such Reports an	d Statements may	r not be sold or used by any pers	on for the purpose of soliciting contributions		
or		the name and add	dress of any political committee to	o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) Friends of Tim Johnson					
\backslash						
Á.	Full Name (Last, First, Middle Initial) Chris Meyer			Date of Receipt		
	Mailing Address 1408 S. Prospect A	venune		0 1 2 7 2 0 0 6		
	City	State	Zip Code	Transaction ID: 60127.C6880		
	Champaign	IL	61820	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		2000.00		
				Receipt		
	Name of Employer Mid-West Television, Inc.	Occupation	n s Executive	Limit Increased Due to Opponent's		
	Receipt For: 2006		Cycle-to-Date V	Spending (2 U.S.C. 441a(i)/441a-1)		
	X Primary General			1		
	Other (specify)	0 0	2000.00	1		
	Full Name (Last, First, Middle Initial) Karen Meyer			Date of Receipt		
Б.	Mailing Address 1408 S. Prospect A	venue				
				01 27 2006		
	City	State	Zip Code	Transaction ID: 60127.C6882		
	Champaign	IL	61820	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		2000.00		
	Nome of Employer	Occupatio		Receipt		
	Name of Employer Mid-West Television, Inc.	Secretary		Limit Increased Due to Opponent's		
	Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)		
	X Primary General		2000.00	1		
	Other (specify)			1		
с.	Full Name (Last, First, Middle Initial) Carol Mizrahi			Date of Receipt		
	Mailing Address 1606 S. Staley Roa	d		02 02 02 02 02 02 02 02		
	City	State	Zip Code	Transaction ID: 60303.C6897		
	Champaign	IL	61822	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer	Occupation	n	- Receipt		
	Omegatype Typography	Typesette	er	Limit Increased Due to Opponent's		
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)		
	X Primary General Other (specify) ▼	0 0	250.00			
				4250.00		
	UBTOTAL of Receipts This Page (optiona	1)	······			
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	FOR LINE NUMBER: PAGE 11 / 25 (check only one)				
		ECEIPTS Detailed		X 11a 11b 11c 11d 12 13a 13b 14 15				
Ar	y information copied from such Reports and for commercial purposes, other than using t	d Statements may	not be sold or used by any persolution of any political committee to	on for the purpose of soliciting contributions				
$\overline{\mathbf{n}}$	NAME OF COMMITTEE (In Full)							
\geq	Friends of Tim Johnson			_				
Α.	Full Name (Last, First, Middle Initial) A. Mark Neuman			Date of Receipt				
	Mailing Address 2507 Cherry Hills Dr	rive		0 2 / D D / Y Y Y Y 0 2 0 2 2 0 0 6				
	City	State	Zip Code	Transaction ID: 60303.C6900				
	Champaign	IL	61822	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer LTD PAC	Occupation		- Receipt				
	Receipt For: 2006		ental affairs ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
	X Primary General		- 	1				
	Other (specify) v	0 0	500.00					
в.	Full Name (Last, First, Middle Initial) Wilbur Pflum			Date of Receipt				
	Mailing Address 117 Eldorado Drive			0 1 ^D 0 4 ^Y Y Y Y 2 0 0 6				
	City	State	Zip Code	Transaction ID: 60104.C6873				
	Tuscola	IL	61953-2110	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		300.00				
	Name of Employer retired	Occupation	ו					
	Receipt For: 2006	Retired	vcle-to-Date V	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
	X Primary General			1				
	Other (specify) 🔻	0 0	300.00					
с.	Full Name (Last, First, Middle Initial) Micah Yairi			Date of Receipt				
	Mailing Address 486 Wilton			M M / D D / Y Y Y Y 02 02 2006				
	City	State	Zip Code	Transaction ID: 60303.C6899				
	Palo Alto	CA	94306	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		350.00				
	Name of Employer Requested Info	Occupation		Receipt				
	Receipt For: 2006	Requeste	ed Info ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
	X Primary General Other (specify) ▼		350.00	1				
_								
s	UBTOTAL of Receipts This Page (optional))		1150.00				
т	TOTAL This Period (last page this line number only)							

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 12/25
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on	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) Ameren IP Mailing Address P.O. Box 511			Transaction ID: 60127.E2329 Date of Disbursement 0 1 / 1 2 / 2 0 0 6
	City	State Zip Code IL 62525-		Amount of Each Disbursement this Period
	Purpose of Disbursement Utilities Candidate Name		001 Category/ Type	52.72 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) ▼		UTILITIES
в.	Full Name (Last, First, Middle Initial) Ameren IP			Transaction ID: 60303.E2349 Date of Disbursement
	Mailing Address P.O. Box 511			$ \begin{array}{c} \stackrel{M}{\overset{D}{}}} \stackrel{M}{\overset{M}{}}} \\ \begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \\ \begin{array}{c} \stackrel{D}{}} \stackrel{D}{}} \\ \end{array} \end{array} \right) \\ \begin{array}{c} \stackrel{V}{}} \stackrel{V}{}} \stackrel{V}{}} \stackrel{V}{}} \stackrel{V}{}} \stackrel{V}{}} \\ \begin{array}{c} \stackrel{V}{}} \stackrel{V}{}} \stackrel{V}{}} \stackrel{V}{}} \\ \end{array} \right) \\ \end{array} $
	Decatur	State Zip Code IL 62525-		Amount of Each Disbursement this Period
	Purpose of Disbursement Utilities Candidate Name		001 Category/ Type	44.09 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) ▼		UTILITIES
C.	Full Name (Last, First, Middle Initial) Busey Bank			Transaction ID: 60111.E2324 Date of Disbursement
	Mailing Address 201 W. Main			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 0 \end{pmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
		State Zip Code IL 61801-		Amount of Each Disbursement this Period
	Purpose of Disbursement Interest Payment		009	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) ▼		INTEREST PAYMENT
SI	JBTOTAL of Disbursements This Page (optional) .		►	442.45
	DTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 13/2			
	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					
F	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	Friends of Tim Johnson					
Α.	Full Name (Last, First, Middle Initial) Busey Bank			Transaction ID: 60303.E2350 Date of Disbursement		
	Mailing Address 201 W. Main			$ \begin{array}{c} M \\ 0 \\ 2 \end{array} \begin{array}{c} M \\ \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ 6 \end{array} \begin{array}{c} D \\ 1 \\ 6 \end{array} \begin{array}{c} I \\ 0 \\ \end{array} \begin{array}{c} V \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y $		
	Urbana	State Zip Code IL 61801-		Amount of Each Disbursement this Period		
	Purpose of Disbursement Interest Payment		000	561.88		
	Candidate Name		009 Category/ Type	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) ▼		INTEREST PAYMENT		
	Full Name (Last, First, Middle Initial)			Transaction ID: 60104.E2320		
В.				Date of Disbursement		
	Mailing Address 102 North Neil			$ \begin{array}{c} \begin{array}{c} M & M \\ 0 & 1 \end{array} \right) \left(\begin{array}{c} D & D \\ 0 & 4 \end{array} \right) \left(\begin{array}{c} Y & Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\left(\left(\begin{array}{c} Y \end{array} \right) \right) \left(\left(\left(\begin{array}{c} Y \end{array} \right$		
		State Zip Code IL 61821-		Amount of Each Disbursement this Period		
	Purpose of Disbursement			125.00		
	Advertising Candidate Name		004 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) ▼		ADVERTISING		
	State: District:					
C.	Full Name (Last, First, Middle Initial) Commerce Champaign Chamber of			Transaction ID: 60127.E2328 Date of Disbursement		
	Mailing Address 1817 S. Neil Street			$ \begin{array}{c} M & M \\ 0 & 1 \end{array} \right) \left(\begin{array}{c} D & D \\ 1 & 2 \end{array} \right) \left(\begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\left(\begin{array}{c} Y \end{array} \right) \left(\left(\begin{array}{c} Y \end{array} \right) \left(\left(\begin{array}{c}$		
		State Zip Code IL 61820-		Amount of Each Disbursement this Period		
	Purpose of Disbursement Membership 004			134.00 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) ▼		MEMBERSHIP		
•			I	820.88		
	UBTOTAL of Disbursements This Page (optional) .					
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use seperate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 14 / 25 y one)
		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) Chrisman Leader			Transaction ID: 60104.E2319 Date of Disbursement
	Mailing Address PO Box 87			$ \begin{array}{c} M \\ 0 \\ 1 \end{array} \right) \left(\begin{array}{c} D \\ 0 \\ 4 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) \left(\begin{array}{c} Y \\ Y $
	Chrisman	State Zip Code IL 61924-		Amount of Each Disbursement this Period
	Purpose of Disbursement Advertising Candidate Name		004 Category/ Type	27.00 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) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADVERTISING
•	Full Name (Last, First, Middle Initial) Chrisman Leader			Transaction ID: 60303.E2347 Date of Disbursement
	Mailing Address PO Box 87			$ \begin{array}{c} \stackrel{\text{M}}{\text{02}} \stackrel{\text{M}}{\text{22}} \stackrel{\text{M}}{\text{22}$
	,	State Zip Code IL 61924-		Amount of Each Disbursement this Period
	Purpose of Disbursement Advertising Expense Candidate Name		004 Category/ Type	27.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary General Other (specify) ▼		ADVERTISING EXPENSE
	State: District: Full Name (Last, First, Middle Initial) Devonshire Realty			Transaction ID: 60111.E2325 Date of Disbursement
	Mailing Address PO Box 140			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \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 Disbursed Senate President State: District:	ment For: Primary General Other (specify) ▼		RENT
s	UBTOTAL of Disbursements This Page (optional)		►	629.00

ITEMIZED DISBURSEMENTS for each category of the Dataled Summary Page (the K old y die) Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions from such committee to solicit contributions from such commit for from such committee to solicit contrela	SCHEDULE B (FEC Form 3)		E NUMBER: PAGE 15/25
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) Devonshire Realty Malling Address PO Box 140 City State Zlp Code Champaign IL 61824-0140 Purpose of Disbursement 001 State Rent 001 Category/ Type Office Sought: House Disbursement For: Prevident Distoursement For: Category/ Type B. Director of Employment Security General Malling Address 850 East Madison Street 01 City State Zip Code Springfield IL 62702- Purpose of Disbursement Conthubutions Required Under Taxes Candidate Name Collegory/ Type Office Sought: House Disbursement For: Purpose of Disbursement Collegory/ Type Taxescion ID: 60127.E2330 Cardidate Name Disbursement For: Genereal Other (specify)	ITEMIZED DISBURSEMENTS	for each category of the Detailed 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) Transaction ID: 60303.E2345 Devonshire Realty Disbursement Mailing Address PO Box 140 City State Zip Code Champaign IL 61824-0140 Purpose of Disbursement Gold Primary General Office Sought: House Disbursement For: Primary General Other (specify) Other (specify) Transaction ID: 60127.E2334 Date of Disbursement Date of Disbursement State: Disbursement Purpose of Disbursement Gold Primary Built Name (Last, First, Middle Initial) Transaction ID: 60127.E2334 Date of Disbursement Date of Disbursement Ø'1 01 City State Springfield IL Built Name (Last, First, Middle Initial) Built Name (Last, First, Middle Initial) City State Optice Sought: House State: Disbursement For: Purpose of Disbursement Other (specify)			
A. Devonshire Realty Date of Disbursement Mailing Address PO Box 140 Date of Disbursement Othy State Zip Code Champaign IL 61824-0140 Purpose of Disbursement O01 Category/ Type Office Sought: House Disbursement For: Preveloant Other (specify) Ither State Office Sought: House Disbursement For: Preveloant Other (specify) Transaction ID: 60127.E2334 B. Director of Employment Security Transaction ID: 60127.E2334 Mailing Address 850 East Madison Street O11 City State Zip Code Amount of Each Disbursement Transaction ID: 60127.E2334 Disbursement Gategory/ Type Mailing Address 850 East Madison Street City State Zip Code Purpose of Disbursement O11 Category/ Type Transaction ID: 60127.E2330 Office Sought: House Disbursement For: President Other (specify) Transaction ID: 60127.E2330 Date of Disbursement	NAME OF COMMITTEE (In Full)		
City State Zip Code Champaign IL 61824-0140 Purpose of Disbursement 001 Rent 001 Candidate Name 001 Office Sought: House Benate Disbursement For: President Other (specify) Full Name (Last, First, Middle Initial) B. Director of Employment Security Mailing Address 850 East Madison Street City State Springfield IL Purpose of Disbursement For: Taxes 001 Category/ Type Office Sought: House Disbursement 50 City State Zip Code Amount of Each Disbursement this Gride Name 001 Category/ Type Office Sought: House Disbursement For: Contributions Required Under Taxes Contributions Required Under Office Sought: House Disbursement For: State District: Friet, Middle In	•		Date of Disbursement
Champaign IL 61824-0140 Purpose of Disbursement 001 Category/ Type State 001 Candidate Name 001 Category/ Type Refund or Disposal of Excess Office Sought: House Disbursement For: Primary General Office Sought: President Other (specify) Image: Contributions Required Under 11 C.F.R. 400.53 B. Full Name (Last, First, Middle Initial) Transaction ID: 60127.E2334 Date of Disbursement Mailing Address 850 East Madison Street 001 Category/ Type Y Y 2 0 0 0 City State Zip Code Amount of Each Disbursement this I State Contributions Required Under 11 C.F.R. 400.53 Refund or Disposal of Excess Office Sought: House Disbursement For: On Amount of Each Disbursement this I Office Sought: House Disbursement For: Senate Transaction ID: 60127.E2330 Date of Disbursement Other (specify) TaxES TaxES Category/ Transaction ID: 60127.E2330 Date of Disbursement this I Disbursement For: Amount of Each Disbursement this I	Mailing Address PO Box 140		
Part 001 Calegory/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: RENT State: District: President Other (specify) RENT B. Full Name (Last, First, Middle Initial) Transaction ID: 60127.E2334 Date of Disbursement Transaction ID: 60127.E2334 Date of Disbursement Mailing Address 850 East Madison Street Mailing Address 850 East Madison Street City State Zip Code IL 62702- Purpose of Disbursement 001 Category/ Type Taxes Office Sought: House Disbursement For: Senate President Disbursement For: Transaction ID: 60127.E2330 Office Sought: House Disbursement For: TAXES City Senate Primary General Taxes Mailing Address 505 S. Mattis Transaction ID: 60127.E2330 Taxes City State Zip Code Amount of Each Disbursement this City State Zip Code Amount of Each Disbursement this City Cot Sought: Hous	Champaign	State Zip Code IL 61824-0140	Amount of Each Disbursement this Period
Office Sought: House Senate President Disbursement For: Primary Other (specify) ▼ RENT B. Full Name (Last, First, Middle Initial) Director of Employment Security Transaction ID: 60127.E2334 Date of Disbursement Mailing Address 850 East Madison Street Image: Control Disbursement Taxes Candidate Name Amount of Each Disbursement this I Category/ Type Office Sought: House Senate President Disbursement For: Primary Other (specify) ▼ Amount of Each Disbursement this I Category/ Type Taxes Disbursement For: President Disbursement For: Primary Other (specify) ▼ Transaction ID: 60127.E2330 Date of Disbursement Taxes Disbursement For: President Disbursement For: Other (specify) ▼ Taxes C. FedL Kinkos Taxes Mailing Address 505 S. Mattis Taxes City Clappony State Zip Code Clappony Amount of Each Disbursement Mailing Address 505 S. Mattis Taxes Amount of Each Disbursement this I Category/ Type Office Sought: House Senate Disbursement For: Primary Category/ Type President Office Sought: House Senate Disbursement For: Primary Category/ Type PREvend of Disposal of Excess Category/ Type	Rent	Category/	Refund or Disposal of Excess Contributions Required Under
Full Name (Last, First, Middle Initial) B. Director of Employment Security Mailing Address 850 East Madison Street City State Zip Code Springfield IL 62702- Purpose of Disbursement 001 Taxes 001 Candidate Name 001 Office Sought: House President Disbursement For: President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 60127.E2334 Create Contributions Required Under 11 C.F.R. 400.53 TAXES Office Sought: House State: District: Full Name (Last, First, Middle Initial) Transaction ID: 60127.E2330 CredEx Kinkos Transaction ID: 60127.E2330 Mailing Address 505 S. Mattis City State City State Purpose of Disbursement 003 Category/ Y 2 0 0 d City State Contributions Required Under 11. Prinming 003 <t< th=""><th>Senate President</th><th>rsement For: Primary General</th><th>RENT</th></t<>	Senate President	rsement For: Primary General	RENT
Mailing Address 850 East Madison Street 0 1 1 2 2 0 0 6 City State Zip Code Amount of Each Disbursement this I Purpose of Disbursement 1L 62702- Amount of Each Disbursement this I Taxes 001 Category/ Type 35. Office Sought: House Disbursement For: 35. Senate President Other (specify) Taxes C. FedEx Kinkos Transaction ID: 60127.E2330 Date of Disbursement Mailing Address 505 S. Mattis Taxes 001 1 2 Y 2 0 0 6 City State Zip Code Amount of Each Disbursement Disbursement 01 1 1 2 Y 2 0 0 6 City State Disbursement For: 003 Category/ Type Y 2 0 0 6 Amount of Each Disbursement this I Mailing Address 505 S. Mattis 003 Category/ Type Y 2 0 0 6 City State Zip Code Amount of Each Disbursement this I Purpose of Disbursement 003 Category/ Type 11. President Disbursement For: 003 C	Full Name (Last, First, Middle Initial)		
Springfield IL 62702- Purpose of Disbursement 001 35. Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: TAXES Office Sought: President Other (specify) TAXES State: District: Transaction ID: 60127.E2330 Date of Disbursement Mailing Address 505 S. Mattis Transaction ID: 60127.E2330 Date of Disbursement City State Zip Code Amount of Each Disbursement this I Purpose of Disbursement 013 Category/ T1 Purpose of Disbursement 003 Category/ T1 Office Sought: House Disbursement For: 003 Candidate Name Disbursement For: 003 Category/ Office Sought: House Disbursement For: Primary General Office Sought: House Disbursement For: Primary General PRINTING	Mailing Address 850 East Madison Stre	eet	
Taxes 001 Candidate Name 001 Category/ Type Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 60127.E2330 C. FedEx Kinkos Disbursement Mailing Address 505 S. Mattis City State Champaign IL Purpose of Disbursement 01 Printing 003 Category/ Type 11. Printing 003 Category/ Type 11. Printing 003 Category/ Type 11. Primary General Office Sought: House Disbursement For: 003 Category/ Type 11. Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Office Sought: House Disbursement For: Primary Office Sought: Disbursement For: Office Sought: Disbursement For: <th>Springfield</th> <th></th> <th>Amount of Each Disbursement this Period</th>	Springfield		Amount of Each Disbursement this Period
Senate Primary General IAXES State: District: Other (specify) ▼ Transaction ID: 60127.E2330 Date of Disbursement Mailing Address 505 S. Mattis Transaction ID: 60127.E2330 Date of Disbursement Mailing Address 505 S. Mattis Image: Control of the second	Taxes	Category/	Refund or Disposal of Excess Contributions Required Under
Full Name (Last, First, Middle Initial) FedEx Kinkos Mailing Address 505 S. Mattis City State Zip Code Champaign IL 61821- Purpose of Disbursement 003 Candidate Name Od3 Office Sought: House Disbursement For: Senate Primary General Office Sought: Disbursement For: President Other (specify)	Senate	Primary General	TAXES
C. FedEx Kinkos Mailing Address 505 S. Mattis 505 S. Mattis Date of Disbursement Mailing Address 505 S. Mattis 01 M / D D / Y 2 0 0 0 City State Zip Code Amount of Each Disbursement this I Purpose of Disbursement 003 11. Printing 003 Category/ Type 11. Office Sought: House Disbursement For: Primary Office Sought: House Disbursement For: Primary Office Sought: President Other (specify) Primary			
Mailing Address 505 S. Mattis City State Zip Code Champaign IL 61821- Purpose of Disbursement 003 Printing 003 Candidate Name 003 Office Sought: House President Disbursement For: President Other (specify)			Date of Disbursement
Champaign IL 61821- Purpose of Disbursement 003 Printing 003 Candidate Name 003 Office Sought: House Disbursement For: Senate Primary General Other (specify) The second of	Mailing Address 505 S. Mattis		
Printing 003 Candidate Name 003 Candidate Name Category/ Type Office Sought: House Disbursement For: Primary President Other (specify) V V	Champaign	•	Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Type 11 C.F.R. 400.53 Office Sought: House Disbursement For: Primary General President Other (specify) ▼ Primary Primary	Printing		Refund or Disposal of Excess
Senate Primary General PRINTING President Other (specify) ▼		Туре	11 C.F.R. 400.53
	Senate President	Primary General	PRINTING
SUBTOTAL of Disbursements This Page (optional)		al)	621.93

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check only	NUMBER: PAGE 16 / 25 y one) 17 18 19a 19b 20a 20b 20c 21
	/ Information copied from such Reports and Statem or commercial purposes, other than using the name			for the purpose of solicating contributions
<u> </u>	NAME OF COMMITTEE (In Full) Friends of Tim Johnson		committee to so	Nicit contributions from such committee
	Full Name (Last, First, Middle Initial)			Transaction ID: 60127.E2333
	Illinois Department of Rev			Date of Disbursement
	Mailing Address Willard Ice Bldg. 101 West Jefferson			$ \begin{array}{c} \stackrel{\text{M}}{\textbf{0}} 1 \stackrel{\text{M}}{\textbf{1}} \stackrel{\text{M}}{\textbf{1}} \stackrel{\text{M}}{\textbf{1}} \stackrel{\text{D}}{\textbf{1}} \stackrel{\text{D}}{\textbf{2}} \stackrel{\text{M}}{\textbf{1}} \stackrel{\text{V}}{\textbf{2}} \stackrel{\text{V}}{\textbf{1}} \stackrel{\text{V}}{\textbf{2}} \stackrel{\text{V}}{\textbf{1}} \stackrel{\text{V}} \stackrel{\text{V}}{\textbf{1}} \stackrel{\text{V}}{\textbf{1}$
		State Zip Code IL 62702-		Amount of Each Disbursement this Period
	Purpose of Disbursement			232.74
	Taxes Candidate Name		001 Category/	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) V	Туре	TAXES
	Full Name (Last, First, Middle Initial)			
	Keelen Communications			Transaction ID: 60303.E2352 Date of Disbursement
	Mailing Address PO Box 2776			$ \begin{array}{c} M \\ 0 \\ 2 \end{array} \begin{array}{c} P \\ 1 \\ 6 \end{array} \begin{array}{c} P \\ 1 \\ 6 \end{array} \begin{array}{c} P \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \right) $
		State Zip Code VA 22202-		Amount of Each Disbursement this Period
	Purpose of Disbursement			372.90
	Fundraising Expense Candidate Name		003 Category/ Type	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 EXPENSE
	Full Name (Last, First, Middle Initial) Brian Kelly			Transaction ID: 60127.E2335 Date of Disbursement
	Mailing Address 2404 Windward Blvd Apt #204	203		$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 1 & 7 \end{bmatrix} \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
	City	State Zip Code IL 61821-		Amount of Each Disbursement this Period
	Purpose of Disbursement Salary		001	1510.82
	Candidate Name		Category/ Type	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) ▼		SALARY
	JBTOTAL of Disbursements This Page (optional).		►	2116.46

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	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			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
۹.	Full Name (Last, First, Middle Initial) Brian Kelly Mailing Address 2404 Windward Blvd Apt	222		Transaction ID: $60303.E2344$ Date of Disbursement 02^{M} / 09^{D} / 2006^{Y}
	#204			
	,	State Zip Code IL 61821-		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Reimbursement Candidate Name		002 Category/	220.52 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	TRAVEL REIMBURSEMENT
в.	Full Name (Last, First, Middle Initial) Brian Kelly			Transaction ID: 60303.E2355 Date of Disbursement
	Mailing Address 2404 Windward Blvd Apt #204	203		$ \begin{array}{c} \stackrel{M}{0} \stackrel{D}{2} \stackrel{M}{} \\ \begin{array}{c} \stackrel{D}{0} \stackrel{D}{2} \\ \end{array} \end{array} \begin{array}{c} \stackrel{D}{} \\ \begin{array}{c} \stackrel{D}{2} \stackrel{D}{1} \\ \end{array} \end{array} \begin{array}{c} \stackrel{V}{} \\ \begin{array}{c} \stackrel{Y}{2} \stackrel{Y}{2} \stackrel{Y}{0} \stackrel{Y}{0} \\ \end{array} \end{array} $
		State Zip Code IL 61821-		Amount of Each Disbursement this Period
	Purpose of Disbursement 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 State: District:	ment For: Primary General Other (specify) ▼		SALARY
С.	Full Name (Last, First, Middle Initial) Main Street Bank & Trust			Transaction ID: 60127.E2331 Date of Disbursement
	Mailing Address 100 W. University Avenue			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
	2	State Zip Code IL 61820-		Amount of Each Disbursement this Period
	Purpose of Disbursement		001	6.00 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) ▼		TAXES
s	JBTOTAL of Disbursements This Page (optional)		►	1737.31
	DTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 18/25
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	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			
	NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
Α.	Full Name (Last, First, Middle Initial) Main Street Bank & Trust			Transaction ID: 60127.E2332 Date of Disbursement
	Mailing Address 100 W. University Avenue	e		$ \begin{array}{c} M & M \\ 0 & 1 \end{array} \right) \left(\begin{array}{c} D & D \\ 1 & 2 \end{array} \right) \left(\begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \\ 6 \end{array} \right) $
	Champaign	State Zip Code IL 61820-		Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes Candidate Name		001 Category/ Type	2017.44 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) ▼		TAXES
в.	Full Name (Last, First, Middle Initial) Managed Tax Services			Transaction ID: 60303.E2348 Date of Disbursement
	Mailing Address 2501 Galen Dr			$ \begin{array}{c} M \\ 0 \\ 2 \\ \end{array} \begin{array}{c} M \\ 1 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} V \\ 1 \\ \end{array} \begin{array}{c} V \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} V \\ 0 \\ \end{array} \begin{array}{c} V \\ V \\ \end{array} \begin{array}{c} V \\ Y \\ Y \\ \end{array} $
	Champaign	State Zip Code IL 61826-		Amount of Each Disbursement this Period
	Purpose of Disbursement Tax Services 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) ▼		TAX SERVICES
C.	State: District: Full Name (Last, First, Middle Initial) Mcleod USA			Transaction ID: 60104.E2322 Date of Disbursement
	Mailing Address 2302 Fox Dr			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 4 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
		State Zip Code IL 61820-		Amount of Each Disbursement this Period
	Purpose of Disbursement		001	14.01 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) ▼		PHONE SERVICE
6	UBTOTAL of Disbursements This Page (optional) .		►	3106.45
	OTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3)		Use seperate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 19/25 y one)
	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 Statement or commercial purposes, other than using the name			
>	NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
•	Full Name (Last, First, Middle Initial) Mcleod USA			Transaction ID: 60127.E2343 Date of Disbursement
	Mailing Address 2302 Fox Dr			01 ^M /24 ^V /2006 ^V
	2	State Zip Code IL 61820-		Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Service Candidate Name		001 Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	PHONE SERVICE
•	Full Name (Last, First, Middle Initial) SBC			Transaction ID: 60104.E2321 Date of Disbursement
	Mailing Address 225 W Randolph St Floor 27A			$\begin{array}{c} \stackrel{\text{M}}{\overset{\text{M}}{\overset{\text{M}}{1}}} \stackrel{\text{M}}{\overset{\text{M}}{1}} \stackrel{\text{M}}{$
	,	State Zip Code IL 60606-		Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Service 001			167.44
	Candidate Name		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
	State: District: Full Name (Last, First, Middle Initial)			
	SBC			Transaction ID: 60127.E2342 Date of Disbursement
	Mailing Address 225 W Randolph St Floor 27A			$ \begin{array}{c} \begin{array}{c} M \\ 0 \\ 1 \end{array} \\ \end{array} \\ \begin{array}{c} \prime \\ \prime \end{array} \\ \begin{array}{c} D \\ 2 \\ 4 \end{array} \\ \begin{array}{c} 2 \\ 4 \end{array} \\ \begin{array}{c} \gamma \\ 2 \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \\ \begin{array}{c} \gamma \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \\ \end{array} $
		State Zip Code IL 60606-		Amount of Each Disbursement this Period
	Purpose of Disbursement 001 Phone Service 001 Candidate Name Categor Type Type		001	167.53 Refund or Disposal of Excess
			Category/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		PHONE SERVICE
	JBTOTAL of Disbursements This Page (optional)		>	349.34

SCHEDULE B (FEC Form 3)		FOR LINE NUMBER: PAGE 20 / 25
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) X 17 18 19a 19b 20a 20b 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. Staples		Transaction ID: $60127.E2336$ Date of Disbursement $0.1 \ M \ 1 \ 7 \ 1 \ 7 \ 2 \ 0 \ 0 \ 6$
Mailing Address 2005 N. Prospect		
	State Zip Code IL 61821-	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies Candidate Name	Cat	001 Refund or Disposal of Excess tegory/ Contributions Required Under type 11 C.F.R. 400.53
Office Sought: House Disburser Senate President State: District:		OFFICE SUPPLIES
Full Name (Last, First, Middle Initial) B. Andy Todd		Transaction ID: 60127.E2341 Date of Disbursement
Mailing Address 2736 N. Pine Grove Ave		
	State Zip Code IL 60614-	Amount of Each Disbursement this Period
Purpose of Disbursement Software Candidate Name	Cat	001 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
President	nent For: Primary General Other (specify) ▼	SOFTWARE
State: District: Full Name (Last, First, Middle Initial) C. Town and Country Advertising		Transaction ID: 60303.E2354 Date of Disbursement
Mailing Address PO Box 5104		$\begin{array}{c} \begin{array}{c} M \\ 0 \\ 2 \end{array} \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} P \\ 1 \\ 6 \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} \gamma \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} \gamma \\ 0 \\ 6 \end{array} \begin{array}{c} \gamma \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} \gamma \\ 0 \\ 0 \end{array} \begin{array}{c} \gamma \\ \gamma \\ 2 \\ 0 \\ 0 \\ 6 \end{array} \begin{array}{c} \gamma \\ \gamma $
	State Zip Code AZ 85261-	Amount of Each Disbursement this Period
Purpose of Disbursement Advertising Expense		
Candidate Name		
	nent For: Primary General Other (specify) ▼	ADVERTISING EXPENSE
SUBTOTAL of Disbursements This Page (optional)		► 5625.48
TOTAL This Period (last page this line number only).		

		Use seperate schedule(s)) FOR LINE NUMBER: PAGE 21 (check only one)		
	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				
>	NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
	Full Name (Last, First, Middle Initial) Verizon Wireless			Transaction ID: 60127.E2338 Date of Disbursement	
	Mailing Address PO Box 6170			$ \begin{array}{c} M & M \\ 0 & 1 \end{array} \right) \left(\begin{array}{c} D & D \\ 1 & 9 \end{array} \right) \left(\begin{array}{c} Y & Y & Y \\ 2 & 0 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 & 0 \end{array} \right) $	
		State Zip Code IL 60197-		Amount of Each Disbursement this Period	
	Purpose of Disbursement Phone Service Candidate Name		001 Category/	183.57 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	Туре	PHONE SERVICE	
•	Full Name (Last, First, Middle Initial)			Transaction ID: 60127.E2339 Date of Disbursement	
	Mailing Address PO Box 6170			$\begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & 9 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y \\ Y \end{bmatrix}$	
	Carol Stream	State Zip Code IL 60197-		Amount of Each Disbursement this Period	
	Purpose of Disbursement Phone Service Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼		PHONE SERVICE	
	State: District: Full Name (Last, First, Middle Initial) Verizon Wireless			Transaction ID: 60303.E2346 Date of Disbursement	
	Mailing Address PO Box 6170			$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 9 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y \\ 2 & 0 & 0 \end{bmatrix}$	
		State Zip Code IL 60197-		Amount of Each Disbursement this Perioc	
	Purpose of Disbursement Phone Service		001	150.00 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		PHONE SERVICE	
5	UBTOTAL of Disbursements This Page (optional)		►	483.57	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	E NUMBER: PAGE 22 / 25 PAGE 22 / 25 1/y one) X 17 18 19a 19b 20a 20b 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. Verizon Wireless Mailing Address PO Box 6170		Transaction ID: $60303.E2353$ Date of Disbursement $0^{M} 2^{M}$ / $0^{D} 1^{D} 6^{O}$ / $2^{V} 2^{V} 0^{V} 6^{V}$
	tate Zip Code L 60197- 001 Category/ Type	Amount of Each Disbursement this Period 185.31 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	nent For: Primary General Other (specify) ▼	PHONE SERVICE

1		
SUBTOTAL of Disbursements This Page (optional)	►	185.31
TOTAL This Period (last page this line number only)	►	16118.18
FEC Schedule B (Form 3) Rev. 02/2003		

SCHEDUILE C (EEC Form 3)

SCHEDULE C (FEC Form 3) LOANS			PAGE 23 / 25	
		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		Transaci	tion ID: LS50714.C6626	
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)		ection:	
Busey Bank			Primary General	
Mailing Address 201 W. Main			Other (specify) ▼ rimary	
City Urbana	State IL ZIP Code 61801-		, , , , , , , , , , , , , , , , , , ,	
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of				
100000.00		70725.12	29274.88	
TERMS Date Incurred	Date Due	Interest Rate	Secured:	
$\begin{array}{c} M \\ 0 \\ 1 \end{array} \begin{array}{c} D \\ 2 \\ 4 \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ 0 \end{array} \begin{array}{c} Y \\ Y \\ 2 \\ 0 \\ 0 \\ 0 \end{array} \begin{array}{c} Y \\ Y $	20060521		50 % (apr) X Yes No	
List All Endorsers or Guarantors (if any) to Lo				
Full Name (Last, First, Middle Initial) Timothy V. Johnson		Name of Employer		
Mailing Address		Occupation		
413 Berringer Circle	_	•		
City State Urbana IL	ZIP Code	Amount Guaranteed Outstanding:	29274.88	
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)			29274.88	
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Sched	ule D, for this line. If no Sched	ule D, carry forward to appropr	aite line of Summary.	

SCHEDUILE C (EEC Form 3)

SCHEDULE C (FEC Form 3) LOANS			PAGE 24 / 25	
		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		Transac	tion ID: LS50714.C6625	
LOAN SOURCE Full Name (Last,	First, Middle Initial)		ection:	
Busey Bank			Primary General	
Mailing Address 201 W. Main			C Other (specify) ▼ Primary	
City Urbana	State IL ZIP Code 61801-			
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period	
4000	0.00	0.00	40000.00	
TERMS Date Incurred	Date Due	Interest Rate	e Secured:	
M M O O O O O O O O O O O O O O O O O O			750 % (apr) X Yes No	
List All Endorsers or Guarantors (if ar	will to Loop Source			
Full Name (Last, First, Middle Ini Timothy Johnson		Name of Employer		
Mailing Address		Occupation		
413 Berringer Circle		Attorney		
City	State ZIP Code	Amount Guaranteed	40000.00	
Urbana	IL 61802-	Outstanding:	40000.00	
Full Name (Last, First, Middle Ini	tial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Ini	tial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Ini	tial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (c	otional)	•	40000.00	
TOTALS This Period (last page in this I	· ,		69274.88	
			reite line of Cummerry	
Carry outstanding balance only to LINE	o, ochequie D, for this line. If no Sche	equie D, carry forward to approp	raite line of Summary.	

HEDULE D (FEC Form 3) BTS AND OBLIGATIONS cluding Loans		(110)		PAGE 25 / 25	
		(Use separate schedule(s) for each numbered line)		FOR LINE NUMBER: (check only one) 9 X 10	
ME OF COMMITTEE (In Full) iends of Tim Johnson					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Busey Bank			Nature of Debt (Purpose): 009 Accrued Interest		
Mailing Address 201 W. Main					
City State Urbana IL	ZIP Code 61801-		-		
Outstanding Balance Beginning This Period			Tra	nsaction ID: LS60111.E2324	
-28.15					
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period	
1010.00	345.64	4		636.21	
SUBTOTALS This Period This Page (optiona	l)			636.21	
SUBTOTALS This Period This Page (optional TOTALS This Period (last page this line number)				636.21 636.21	
	er only)				