

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

Friends of Tim Johnson

ADDRESS (number and street)

PO Box 17087

Check if different than previously reported. (ACC)

Urbana

IL

61803

2. **FEC IDENTIFICATION NUMBER**

C00350421

CITY

STATE

ZIP CODE

STATE DISTRICT

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

IL 15

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 07 01 2005 through 09 30 2005

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

Type or Print Name of Treasurer James P. Bray

Signature of Treasurer Electronically Filed by James P. Bray Date 10 14 2005

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

Office Use Only

FEC FORM 3
(Revised 02/2005)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Tim Johnson

Report Covering the Period: From: ^M 07 ^D 01 ^Y 2005 ^Y To: ^V 09 ^D 30 ^Y 2005 ^V

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	29521.00	96181.45
(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)).....	29521.00	96081.45
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	23236.82	90387.46
(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)).....	23236.82	90387.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	145452.06	
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).....	139974.88	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2005)

Page 3

Write or Type Committee Name
Friends of Tim Johnson

Report Covering the Period: From: ^{M M} 07 ^{Y Y} 01 ^{V V} 2005 To: ^{M M} 09 ^{Y Y} 30 ^{V V} 2005

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4550.00	.00
(ii) Unitemized.....	10275.00	.00
(iii) TOTAL of contributions from Individuals..... ▶	14825.00	35780.00
(b) Political Party Committees.....	196.00	196.00
(c) Other Political Committees (such as PACS).....	14500.00	60205.45
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	29521.00	96181.45
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	29521.00	96181.45

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23236.82	90387.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	100000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	100000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	100.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	23236.82	190487.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	139167.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	29521.00
25. SUBTOTAL (add Line 23 and Line 24).....	168688.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23236.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	145452.06

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 33

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. AFGE PAC		Date of Receipt M / D / Y 08 / 09 / 2005
Mailing Address 80 F Street NW		Transaction ID: 50901.C6628
City Washington	State DC	Zip Code 20001-
FEC ID number of contributing federal political committee. C C70000104		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Amaren Fed PAC		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 807 E. Adams Street		Transaction ID: 51011.C6710
City Springfield	State IL	Zip Code 62739-
FEC ID number of contributing federal political committee. C CD0206138		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Automotive Fires International Trade PAC		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address (AFIT PAC) 1825 Prince St		Transaction ID: 51011.C6698
City Alexandria	State VA	Zip Code 22314-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 6 / 33

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Chicago Mercantile Exchange PAC		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 30 S. Wacker Drive		Transaction ID: 51011.C6712
City Chicago	State IL	Zip Code 60606-
FEC ID number of contributing federal political committee. C C00076299		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Drive Political Fund		Date of Receipt M / D / Y 08 / 11 / 2005
Mailing Address 25 Louisiana Avenue, NW		Transaction ID: 50901.C6633
City Washington	State DC	Zip Code 20001-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Exlon PAC		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address PO Box 805379		Transaction ID: 51011.C6709
City Chicago	State IL	Zip Code 60680-5379
FEC ID number of contributing federal political committee. C CD0141218		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	5500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 33

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Ironworkers Political Action League		Date of Receipt M / D / Y 08 / 30 / 2005
Mailing Address 175D New York Ave, NW		Transaction ID: 50901.C6679
City Washington	State DC	Zip Code 20006-
FEC ID number of contributing federal political committee. C C00027359		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. NRA Political Victory Fund		Date of Receipt M / D / Y 09 / 22 / 2005
Mailing Address 11250 Waples Mill Road		Transaction ID: 51011.C6706
City Fairfax	State VA	Zip Code 22030-7400
FEC ID number of contributing federal political committee. C C00053553		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. SBC EMPAC		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 175 E. Houston		Transaction ID: 51011.C6708
City San Antonio	State TX	Zip Code 78205-
FEC ID number of contributing federal political committee. C C00109D17		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 33

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Trucking PAC		Date of Receipt MM / DD / YYYY 07 / 06 / 2005
Mailing Address 430 First St.		Transaction ID: 50712.C6620
City	State	Zip Code
Washington	DC	20003-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	14500.00

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

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

FOR LINE NUMBER: PAGE 9 / 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Ralph & Stephanie Alexander		Date of Receipt M / D / Y 08 / 16 / 2005
Mailing Address 92 County Road 2000 North		Transaction ID: 50901.C6649
City Mahomet	State IL	Zip Code 61853-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) B. Byron Boddy		Date of Receipt M / D / Y 08 / 23 / 2005
Mailing Address 1024 S Clay		Transaction ID: 50901.C6668
City Jacksonville	State IL	Zip Code 62650-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Farmer Election Cycle-to-Date ▼ 500.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) C. Eric Boddy		Date of Receipt M / D / Y 08 / 23 / 2005
Mailing Address RR 2 Box 167		Transaction ID: 50901.C6667
City Lovington	State IL	Zip Code 61537-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Farmer Election Cycle-to-Date ▼ 500.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 33
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Pamela Boddy		Date of Receipt M / D / Y 08 / 23 / 2005
Mailing Address RR 1 Box 2D		Transaction ID: 50901.C6670
City Lovington	State IL	Zip Code 61837-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Homemaker	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Shirley Boddy		Date of Receipt M / D / Y 08 / 23 / 2005
Mailing Address RR 2 Box 167		Transaction ID: 50901.C6668
City Lovington	State IL	Zip Code 61837-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Homemaker	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Thomas Davis		Date of Receipt M / D / Y 08 / 30 / 2005
Mailing Address 1455 Pennsylvania Ave		Transaction ID: 51011.C6711
City Washington	State DC	Zip Code 20004-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Davis & Harman LLP	Occupation Attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Mark Miller		Date of Receipt M / D / Y 08 / 16 / 2005
Mailing Address P.O. Box 259		Transaction ID: 50901.C6652
City Colfax	State IL	Zip Code 61728-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Miller Insurance Agency	Occupation Owner	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Leiland Phipps		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 310 W Madison		Transaction ID: 50901.C6627
City Paris	State IL	Zip Code 61844-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-employed	Occupation Physician	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ruth Shurts		Date of Receipt M / D / Y 08 / 11 / 2005
Mailing Address 507 West Green		Transaction ID: 50901.C6632
City Urbana	State IL	Zip Code 61801-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-employed	Occupation Homemaker	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	1900.00
TOTAL This Period (last page this line number only)	4550.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 33

(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) NRCC		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address 320 First Street, SE		Transaction ID: 51011.C6699
City	State	Zip Code
Washington	DC	20003-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 98.00
Name of Employer	Occupation	In-Kind
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 98.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1)) Blast Fax

Full Name (Last, First, Middle Initial) NRCC		Date of Receipt M / D / Y 09 / 28 / 2005
Mailing Address 320 First Street, SE		Transaction ID: 51011.C6732
City	State	Zip Code
Washington	DC	20003-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 98.00
Name of Employer	Occupation	In-Kind
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 198.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1)) Blast Fax

SUBTOTAL of Receipts This Page (optional)	▶	198.00
TOTAL This Period (last page this line number only)	▶	196.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 33

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Abbotts Florists

Mailing Address PO Box 1561

City Champaign State IL Zip Code 61824-

Purpose of Disbursement
Supplies

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 50901.E2208
Date of Disbursement

08 / 11 / 2005

Amount of Each Disbursement this Period

59.05

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

SUPPLIES

Full Name (Last, First, Middle Initial)

B. Abbotts Florists

Mailing Address PO Box 1561

City Champaign State IL Zip Code 61824-

Purpose of Disbursement
Supplies

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 51011.E2234
Date of Disbursement

08 / 13 / 2005

Amount of Each Disbursement this Period

58.83

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

SUPPLIES

Full Name (Last, First, Middle Initial)

C. Ameren IP

Mailing Address P.O. Box 511

City Decatur State IL Zip Code 62525-

Purpose of Disbursement
Utilities

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 50715.E2192
Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

50.05

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

UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶

161.93

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

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

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

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(check only one)

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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Ameren IP

Mailing Address P.O. Box 511

City Decatur State IL Zip Code 62525-

Purpose of Disbursement
Utilities

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 50901.E2209
Date of Disbursement

08 / 11 / 2005

Amount of Each Disbursement this Period

49.63

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

UTILITIES

Full Name (Last, First, Middle Initial)
B. Ameren IP

Mailing Address P.O. Box 511

City Decatur State IL Zip Code 62525-

Purpose of Disbursement
Utilities

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 51011.E2231
Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

50.45

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

UTILITIES

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

Mailing Address 201 W. Main

City Urbana State IL Zip Code 61801-

Purpose of Disbursement
Interest Payment

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

009
Category/
Type

Transaction ID: 50714.E2187
Date of Disbursement

07 / 12 / 2005

Amount of Each Disbursement this Period

948.80

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

INTEREST PAYMENT

SUBTOTAL of Disbursements This Page (optional) ▶

1048.88

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Busey Bank

Mailing Address 201 W. Main

City Urbana State IL Zip Code 61801-

Purpose of Disbursement
Interest Payment

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

009
Category/
Type

Transaction ID: 50901.E2211

Date of Disbursement

08 / 11 / 2005

Amount of Each Disbursement this Period

989.43

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

INTEREST PAYMENT

Full Name (Last, First, Middle Initial)

B. Busey Bank

Mailing Address 201 W. Main

City Urbana State IL Zip Code 61801-

Purpose of Disbursement
Interest Payment

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

009
Category/
Type

Transaction ID: 51011.E2230

Date of Disbursement

09 / 08 / 2005

Amount of Each Disbursement this Period

1031.01

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

INTEREST PAYMENT

Full Name (Last, First, Middle Initial)

C. Chrisman Leader

Mailing Address PO Box 87

City Chrisman State IL Zip Code 61824-

Purpose of Disbursement
Advertising

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

004
Category/
Type

Transaction ID: 50712.E2182

Date of Disbursement

07 / 07 / 2005

Amount of Each Disbursement this Period

27.00

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

ADVERTISING

SUBTOTAL of Disbursements This Page (optional) ▶

2047.44

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
 A. Chrisman Leader

Mailing Address PO Box 87

City Chrisman State IL Zip Code 61924-

Purpose of Disbursement
 Advertising

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District

004
 Category/
 Type

Transaction ID: 50901.E2204
 Date of Disbursement

08 / 03 / 2005

Amount of Each Disbursement this Period

27.00

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

ADVERTISING

Full Name (Last, First, Middle Initial)
 B. Chrisman Leader

Mailing Address PO Box 87

City Chrisman State IL Zip Code 61924-

Purpose of Disbursement
 Advertising Expense

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District

004
 Category/
 Type

Transaction ID: 50901.E2219
 Date of Disbursement

08 / 29 / 2005

Amount of Each Disbursement this Period

27.00

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

ADVERTISING EXPENSE

Full Name (Last, First, Middle Initial)
 C. Chrisman Leader

Mailing Address PO Box 87

City Chrisman State IL Zip Code 61924-

Purpose of Disbursement
 Advertising Expense

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District

004
 Category/
 Type

Transaction ID: 51011.E2232
 Date of Disbursement

08 / 08 / 2005

Amount of Each Disbursement this Period

27.00

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

ADVERTISING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

81.00

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

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

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

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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Chrisman Leader

Mailing Address PO Box 87

City Chrisman State IL Zip Code 61824-

Purpose of Disbursement
Advertising Expense

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: 51011.E2237
Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

27.00

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

ADVERTISING EXPENSE

Full Name (Last, First, Middle Initial)
B. Devonshire Realty

Mailing Address PO Box 140

City Champaign State IL Zip Code 61824-0140

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 50712.E2181
Date of Disbursement

07 / 06 / 2005

Amount of Each Disbursement this Period

575.00

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

RENT

Full Name (Last, First, Middle Initial)
C. Devonshire Realty

Mailing Address PO Box 140

City Champaign State IL Zip Code 61824-0140

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 51011.E2228
Date of Disbursement

08 / 11 / 2005

Amount of Each Disbursement this Period

575.00

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

RENT

SUBTOTAL of Disbursements This Page (optional) ▶

1177.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Devonshire Realty

Mailing Address PO Box 140

City Champaign State IL Zip Code 61824-0140

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 51011.E2229
Date of Disbursement

09 / 08 / 2005

Amount of Each Disbursement this Period

575.00

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

RENT

Full Name (Last, First, Middle Initial)
B. Director of Employment Security

Mailing Address 850 East Madison Street

City Springfield State IL Zip Code 62702-

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 50901.E2198
Date of Disbursement

07 / 28 / 2005

Amount of Each Disbursement this Period

318.27

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

TAXES

Full Name (Last, First, Middle Initial)
C. Debbie Haney-Kath

Mailing Address 10 Brickyard Drive

City Bloomington State IL Zip Code 61701-

Purpose of Disbursement
Fundraising Expense

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: 50901.E2214
Date of Disbursement

08 / 14 / 2005

Amount of Each Disbursement this Period

250.00

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

FUNDRAISING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

1143.27

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Illinois Department of Rev

Mailing Address Willard Ice Bldg.
101 West Jefferson

City Springfield State IL Zip Code 62702-

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 50901.E2197

Date of Disbursement

07 / 26 / 2005

Amount of Each Disbursement this Period

219.84

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

TAXES

Full Name (Last, First, Middle Initial)

B. Keelen Communications

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement
Fundraising Expenses

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: 50901.E2198

Date of Disbursement

07 / 26 / 2005

Amount of Each Disbursement this Period

3900.00

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

FUNDRAISING EXPENSES

Full Name (Last, First, Middle Initial)

C. Keelen Communications

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement
Fundraising Expenses

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

003
Category/
Type

Transaction ID: 50901.E2210

Date of Disbursement

08 / 11 / 2005

Amount of Each Disbursement this Period

922.03

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

FUNDRAISING EXPENSES

SUBTOTAL of Disbursements This Page (optional) ▶

5035.87

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Brian Kelly

Mailing Address 2404 Windward Blvd Apt 203
 #204

City Champaign State IL Zip Code 61821-

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/Type 001

Transaction ID: 50901.E2195
 Date of Disbursement
 07 / 25 / 2005

Amount of Each Disbursement this Period
 1428.06

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

SALARY

Full Name (Last, First, Middle Initial)
B. Brian Kelly

Mailing Address 2404 Windward Blvd Apt 203
 #204

City Champaign State IL Zip Code 61821-

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/Type 001

Transaction ID: 50901.E2223
 Date of Disbursement
 08 / 25 / 2005

Amount of Each Disbursement this Period
 1428.06

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

SALARY

Full Name (Last, First, Middle Initial)
C. Brian Kelly

Mailing Address 2404 Windward Blvd Apt 203
 #204

City Champaign State IL Zip Code 61821-

Purpose of Disbursement Travel Reimbursement

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/Type 002

Transaction ID: 51011.E2236
 Date of Disbursement
 09 / 13 / 2005

Amount of Each Disbursement this Period
 70.30

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

TRAVEL REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional) ▶ **2926.42**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Brian Kelly

Mailing Address 2404 Windward Blvd Apt 203
#2D4

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 51011.E2241

Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

1428.08

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

SALARY

Full Name (Last, First, Middle Initial)

B. Main Street Bank & Trust

Mailing Address 100 W. University Avenue

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 50901.E2196

Date of Disbursement

07 / 26 / 2005

Amount of Each Disbursement this Period

1881.10

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

TAXES

Full Name (Last, First, Middle Initial)

C. Margan Newcomb

Mailing Address 1332 E. Harron

City Rantoul State IL Zip Code 61868-

Purpose of Disbursement
Advertising Expense

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: 50901.E2225

Date of Disbursement

08 / 15 / 2005

Amount of Each Disbursement this Period

250.00

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

ADVERTISING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

3559.16

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

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

Use separate schedule(s)
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Morgan Newcomb

Mailing Address 1332 E. Harron

City Rantoul State IL Zip Code 61886-

Purpose of Disbursement
Advertising Expense

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: 50901.E2226
Date of Disbursement

08 / 30 / 2005

Amount of Each Disbursement this Period

60.00

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

ADVERTISING EXPENSE

Full Name (Last, First, Middle Initial)
B. Jimmy Ryans

Mailing Address 101 S Main Street

City Decatur State IL Zip Code 62523-

Purpose of Disbursement
Campaign Expense

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

007
Category/
Type

Transaction ID: 50901.E2222
Date of Disbursement

08 / 29 / 2005

Amount of Each Disbursement this Period

250.00

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

CAMPAIGN EXPENSE

Full Name (Last, First, Middle Initial)
C. SBC

Mailing Address 225 W Randolph St
Floor 27A

City Chicago State IL Zip Code 60606-

Purpose of Disbursement
Phone Service

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 50901.E2200
Date of Disbursement

07 / 26 / 2005

Amount of Each Disbursement this Period

164.65

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

474.65

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

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

Use separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. SBC

Mailing Address 225 W Randolph St
Floor 27A

City Chicago State IL Zip Code 60606-

Purpose of Disbursement
Phone Service

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 50901.E2220
Date of Disbursement

08 / 23 / 2005

Amount of Each Disbursement this Period

164.39

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)
B. Jason Shelby

Mailing Address 6402 Birchwood Lane

City Decatur State IL Zip Code 62521-

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 50901.E2203
Date of Disbursement

08 / 03 / 2005

Amount of Each Disbursement this Period

717.20

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

SALARY

Full Name (Last, First, Middle Initial)
C. Jason Shelby

Mailing Address 6402 Birchwood Lane

City Decatur State IL Zip Code 62521-

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 50901.E2227
Date of Disbursement

08 / 30 / 2005

Amount of Each Disbursement this Period

545.78

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

SALARY

SUBTOTAL of Disbursements This Page (optional) ▶

1427.38

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

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

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

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Laura Smith

Mailing Address P O Box 535816

City Grand Prairie State TX Zip Code 75053-

Purpose of Disbursement
Advertising Expense

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

004
Category/
Type

Transaction ID: 50901.E2224
Date of Disbursement

08 / 26 / 2005

Amount of Each Disbursement this Period

299.45

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

ADVERTISING EXPENSE

Full Name (Last, First, Middle Initial)
B. Mike Stanfield

Mailing Address 4504 State Highway 130

City Charleston State IL Zip Code 61820-

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

012
Category/
Type

Transaction ID: 50901.E2213
Date of Disbursement

08 / 11 / 2005

Amount of Each Disbursement this Period

500.00

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

DONATION

Full Name (Last, First, Middle Initial)
C. Staples

Mailing Address 2005 N. Prospect

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 50901.E2206
Date of Disbursement

08 / 04 / 2005

Amount of Each Disbursement this Period

84.87

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

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

884.32

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 2005 N. Prospect

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 50901.E2217
Date of Disbursement

08 / 16 / 2005

Amount of Each Disbursement this Period

90.11

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

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

B. Town and Country Advertising

Mailing Address PO Box 5104

City Keytesville State MO Zip Code 65261-

Purpose of Disbursement
Advertising

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

004
Category/
Type

Transaction ID: 50712.E2178
Date of Disbursement

07 / 06 / 2005

Amount of Each Disbursement this Period

64.00

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

ADVERTISING

Full Name (Last, First, Middle Initial)

C. Town and Country Advertising

Mailing Address PO Box 5104

City Keytesville State MO Zip Code 65261-

Purpose of Disbursement
Advertising

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

004
Category/
Type

Transaction ID: 50901.E2216
Date of Disbursement

08 / 16 / 2005

Amount of Each Disbursement this Period

64.00

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

ADVERTISING

SUBTOTAL of Disbursements This Page (optional) ▶

218.11

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
 A. Tuscola Review

Mailing Address 115 W Sale

City Tuscola State IL Zip Code 61953-

Purpose of Disbursement
 Advertising

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

004
 Category/
 Type

Transaction ID: 50712.E2183
 Date of Disbursement

07 / 07 / 2005

Amount of Each Disbursement this Period

150.00

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

ADVERTISING

Full Name (Last, First, Middle Initial)
 B. Tuscola Review

Mailing Address 115 W Sale

City Tuscola State IL Zip Code 61953-

Purpose of Disbursement
 Advertising Expense

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

004
 Category/
 Type

Transaction ID: 51011.E2238
 Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

90.00

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

ADVERTISING EXPENSE

Full Name (Last, First, Middle Initial)
 C. U.S. Postmaster

Mailing Address 2001 N. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
 Postage

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50901.E2218
 Date of Disbursement

08 / 18 / 2005

Amount of Each Disbursement this Period

148.00

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶

388.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnson

Full Name (Last, First, Middle Initial)
A. U.S. Postmaster

Mailing Address 2001 N. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: 51011.E2243
 Date of Disbursement 09 / 29 / 2005

Amount of Each Disbursement this Period 189.65

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

POSTAGE

Full Name (Last, First, Middle Initial)
B. U.S. Postmaster

Mailing Address 2001 N. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: 51011.E2242
 Date of Disbursement 09 / 29 / 2005

Amount of Each Disbursement this Period 370.00

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

POSTAGE

Full Name (Last, First, Middle Initial)
C. Upclose Printing

Mailing Address 714 S. 8th

City Champaign State IL Zip Code 61820-

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 003

Transaction ID: 51011.E2233
 Date of Disbursement 09 / 08 / 2005

Amount of Each Disbursement this Period 309.63

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

PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶ **869.28**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
Phone Service

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 50712.E2180
Date of Disbursement

07 / 06 / 2005

Amount of Each Disbursement this Period

59.88

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
Phone Service

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 50714.E2185
Date of Disbursement

07 / 12 / 2005

Amount of Each Disbursement this Period

150.00

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
Phone Service

Candidate Name

Office Sought: House Senate President
State: District
Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 50715.E2193
Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

177.76

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

387.62

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

PAGE 29 / 33

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

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NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
 Phone Service

Candidate Name

Office Sought: House Senate President
 State: District
 Disbursement For: Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50901.E2207

Date of Disbursement

08 / 11 / 2005

Amount of Each Disbursement this Period

59.78

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
 Phone Service

Candidate Name

Office Sought: House Senate President
 State: District
 Disbursement For: Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50901.E2212

Date of Disbursement

08 / 11 / 2005

Amount of Each Disbursement this Period

150.00

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
 Phone Service

Candidate Name

Office Sought: House Senate President
 State: District
 Disbursement For: Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50901.E2215

Date of Disbursement

08 / 16 / 2005

Amount of Each Disbursement this Period

182.94

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

392.72

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
 Phone Service

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: 51011.E2235

Date of Disbursement

09 / 09 / 2005

Amount of Each Disbursement this Period

150.00

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
 Phone Service

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: 51011.E2239

Date of Disbursement

09 / 15 / 2005

Amount of Each Disbursement this Period

179.48

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

329.48

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

22552.53

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 31 / 33
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LS50714.08626

LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Primary		
Mailing Address 201 W. Main			
City Urbana State IL ZIP Code 61801-			
Original Amount of Loan 100000.00	Cumulative Payment To Date 725.12	Balance Outstanding at Close of This Period 99274.88	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	01 st 24 th 2000	20090521	8.750 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial) Timothy V. Johnson	Name of Employer		
Mailing Address 413 Berringer Circle	Occupation		
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding:	99274.88	
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)	99274.88
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 32 / 33
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LS50714.08625

LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Primary		
Mailing Address 201 W. Main			
City Urbana State IL ZIP Code 61801-			
Original Amount of Loan 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	03 rd 09 th 2000	20090521	8.750 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial) Timothy Johnson	Name of Employer		
Mailing Address 413 Berringer Circle	Occupation Attorney		
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding:	40000.00	
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		

SUBTOTALS This Period This Page (optional)	40000.00
TOTALS This Period (last page in this line only)	139274.88
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

Friends of Tim Johnson

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Busey Bank

Nature of Debt (Purpose):
009 Accrued Interest

Mailing Address 201 W. Main

City	State	ZIP Code
Urbana	IL	61801-

Outstanding Balance Beginning This Period

Transaction ID: LS50714.E2187

-31.40

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

3700.64

2969.24

700.00

1) SUBTOTALS This Period This Page (optional)	▶	700.00
2) TOTALS This Period (last page this line number only)	▶	700.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	