

**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 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 10 01 2005 through 12 31 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 01 27 2006

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: <sup>M M</sup> 1 0 <sup>D D</sup> 0 1 <sup>Y Y</sup> 2 0 0 5 <sup>Y Y</sup> To: <sup>V M</sup> 1 2 <sup>D D</sup> 3 1 <sup>Y Y</sup> 2 0 0 5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(a)).....	34732.30	130913.75
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	34732.30	130813.75
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	30161.99	120549.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	30161.99	120549.45
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	80022.37	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	69246.73	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2005)

Page 3

Write or Type Committee Name  
Friends of Tim Johnson

Report Covering the Period: From: <sup>M M</sup> 1 0 <sup>Y Y</sup> 0 1 <sup>Y Y</sup> 2 0 0 5 To: <sup>Y M</sup> 1 2 <sup>Y P</sup> 3 1 <sup>Y Y</sup> 2 0 0 5

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8787.30	26387.30
(ii) Unitemized.....	9445.00	27625.00
(iii) TOTAL of contributions	18232.30	54012.30
from Individuals..... ▶		
(b) Political Party Committees.....	0.00	198.00
(c) Other Political Committees (such as PACS).....	16500.00	78705.45
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans)	34732.30	130913.75
(add Lines 11(a)(iii), (b), (c), and (d))		
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES</b> (Refunds, Rebates, etc.).....	0.00	0.00
<b>15. OTHER RECEIPTS</b> (Dividends, Interest, etc.).....	0.00	0.00
<b>16. TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	34732.30	130913.75

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

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

**III. CASH SUMMARY**

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

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

<b>Name of Candidate</b>		<b>Candidate ID Number</b>	
Tim Johnson		H0IL15053	
<b>Name of Principal Campaign Committee</b>		<b>Committee ID Number</b>	
Friends of Tim Johnson		<b>C</b> C00350421	
<b>Committee Address</b>			
PO Box 17097			
<b>City</b>	<b>State</b>	<b>ZIP</b>	
Urbana	IL	61803-	
<b>Report Covering Period (check one)</b>			
<input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election			
	<b>Primary</b>	<b>General</b>	
1. Gross receipts of authorized committees .....	96181.45	96181.45	
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00	
3. Gross receipts minus the candidate's personal contributions .....	96181.45	96181.45	

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

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

FOR LINE NUMBER: PAGE 6 / 43

(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) <b>A. ADM PAC</b>		Date of Receipt M / D / Y 10 / 25 / 2005
Mailing Address PD Box 1470		Transaction ID: 51026.C6793
City	State	Zip Code
Decatur	IL	62525
FEC ID number of contributing federal political committee. <b>C</b> C00093963		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) <b>B. American Hospital Assoc PAC</b>		Date of Receipt M / D / Y 10 / 13 / 2005
Mailing Address 325 Seventh Street, N.W.		Transaction ID: 51014.C6733
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee. <b>C</b> C00106148		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) <b>C. Bank PAC</b>		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address 112D Connecticut Ave, NW		Transaction ID: 60104.C6854
City	State	Zip Code
Washington	DC	20038
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	<b>3500.00</b>
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 / 43

(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	

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NAME OF COMMITTEE (In Full)  
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) <b>A. Caterpillar Employees PAC</b>		Date of Receipt M / D / Y 12 / 20 / 2005
Mailing Address 100 NE Adams Street		Transaction ID: 60104.C6869
City Peoria	State IL	Zip Code 61629
FEC ID number of contributing federal political committee. <b>C</b>		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) <b>B. CLIC</b>		Date of Receipt M / D / Y 10 / 13 / 2005
Mailing Address 101 Constitution Ave, NW		Transaction ID: 51014.C6734
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Engineers Political Education Committee</b>		Date of Receipt M / D / Y 10 / 13 / 2005
Mailing Address 1125 Seventeenth Street Northwest		Transaction ID: 51014.C6735
City Washington	State DC	Zip Code 20038
FEC ID number of contributing federal political committee. <b>C</b> CD0029504		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 ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>4500.00</b>
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 / 43

(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	

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NAME OF COMMITTEE (In Full)  
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) <b>A. Exelon PAC</b>		Date of Receipt M / D / Y 12 / 16 / 2005
Mailing Address PD Box B0537B		Transaction ID: 60104.C6843
City Chicago	State IL	Zip Code 60680-5379
FEC ID number of contributing federal political committee. <b>C C00141218</b>		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 ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Laborers Political League</b>		Date of Receipt M / D / Y 12 / 28 / 2005
Mailing Address 805 16th Street, NW		Transaction ID: 60104.C6866
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. <b>C</b>		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>C. NBWA PAC</b>		Date of Receipt M / D / Y 11 / 15 / 2005
Mailing Address 1100 King Street Suite 600		Transaction ID: 60104.C6813
City Alexandria	State VA	Zip Code 22314-2544
FEC ID number of contributing federal political committee. <b>C CD0144788</b>		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) .....	7500.00
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 9 / 43

(check only one)

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

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NAME OF COMMITTEE (In Full)  
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. <b>Tim &amp; Lyle</b>		Date of Receipt M / D / Y 10 / 27 / 2005
Mailing Address 2200 E Eldorado St		Transaction ID: 51028.C6808
City	State	Zip Code
Decatur	IL	62525
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	16500.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 43

(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. <b>Byron Boddy</b>		Date of Receipt M / D / Y 10 / 25 / 2005
Mailing Address 1024 S Clay		Transaction ID: 51028.C6795
City Jacksonville	State IL	Zip Code 62650
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Farmer	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 ▼ 750.00	

Full Name (Last, First, Middle Initial) B. <b>Mary Dodds</b>		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address 1005 W. University		Transaction ID: 60104.C6860
City Champaign	State IL	Zip Code 61821
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Cody Holdings, LLC	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 ▼ 300.00	

Full Name (Last, First, Middle Initial) C. <b>J. Andrew Edwards</b>		Date of Receipt M / D / Y 10 / 20 / 2005
Mailing Address 990A County Road 1350 East		Transaction ID: 51028.C6778
City Tolono	State IL	Zip Code 61880
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Greenlawn Farms	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 ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>650.00</b>
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 / 43

(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) <b>A. James Finnegan</b>		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address 201 Imperial Dr.		Transaction ID: 60104.C6841
City Bloomington	State IL	Zip Code 61701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer State Farm	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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Peter Fox</b>		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address 111B West Armory		Transaction ID: 60104.C6870
City Champaign	State IL	Zip Code 61821
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Fox Development	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>C. Rudy Frasca</b>		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address 906 Airport Road		Transaction ID: 60104.C6883
City Urbana	State IL	Zip Code 61801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Frasca International	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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>950.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 43

(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. Bob Frederick		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address 129 West Main Street		Transaction ID: 60104.C6850
City Urbana	State IL	Zip Code 61801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 412.30
Name of Employer Frederick & Hagle	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 ▼ 412.30	

Full Name (Last, First, Middle Initial) B. Jeffrey Frederick		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address 7 Goldfinch		Transaction ID: 60104.C6850
City Savoy	State IL	Zip Code 61874
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer Johnson, Frank, Frederick & W	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 ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Jim Hagle		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address 713 South Elm Blvd.		Transaction ID: 60104.C6857
City Champaign	State IL	Zip Code 61820-5851
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer Johnson, Frank, Frederick & W	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 ▼ 350.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1112.30</b>
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 13 / 43

(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. Timothy & Kristen Harrington		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address 1501 Waterford Place		Transaction ID: 60104.C6851
City Champaign	State IL	Zip Code 61821
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Doddson Travel	Occupation Travel Agent	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	

Full Name (Last, First, Middle Initial) B. Michael Hartman		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address 505 South Fifth St		Transaction ID: 60104.C6861
City Champaign	State IL	Zip Code 61820
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer JSM Apartments	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 ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dave Kuhl		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address 101 Greencraft Drive		Transaction ID: 60104.C6853
City Champaign	State IL	Zip Code 61821
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Busey Bank	Occupation Banker	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	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1600.00</b>
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 14 / 43

(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) <b>A. Larry Maschhoff</b>		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 1218 Dianne Drive		Transaction ID: 60104.C6825
City Bloomington	State IL	Zip Code 61704
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Banklind's	Occupation President	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	

Full Name (Last, First, Middle Initial) <b>B. Carl Mayer</b>		Date of Receipt M / D / Y 10 / 13 / 2005
Mailing Address 2211 Eagle Ridge Road		Transaction ID: 51014.C6764
City Champaign	State IL	Zip Code 61822
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 175.00
Name of Employer Parkland College	Occupation Foundation Director	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 ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Danna Ohsted</b>		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address 2807 East Main Street		Transaction ID: 60104.C6855
City Urbana	State IL	Zip Code 61802
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Riley Homes	Occupation Company president	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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>725.00</b>
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

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(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) <b>A. Aaron Quick</b>		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 1401 Mesquite		Transaction ID: 60104.C6824
City Pontiac	State IL	Zip Code 61764
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Farnsworth Group	Occupation Government Affairs	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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Rice</b>		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address PO Box 448		Transaction ID: 60104.C6862
City Philo	State IL	Zip Code 61864
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-employed	Occupation Realtor	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	

Full Name (Last, First, Middle Initial) <b>C. George Shepland</b>		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address 3 Greencroft		Transaction ID: 60104.C6849
City Champaign	State IL	Zip Code 61821
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Shepland Management	Occupation Real Estate	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) .....	▶	<b>750.00</b>
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 16 / 43

(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) <b>A. David Shalem</b>		Date of Receipt M / D / Y 12 / 20 / 2005
Mailing Address 1102 West Armory		Transaction ID: 60104.C6859
City Champaign	State IL	Zip Code 61821
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Meyer, Capel	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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Jim Stetery</b>		Date of Receipt M / D / Y 10 / 13 / 2005
Mailing Address 1776 K Street NW		Transaction ID: 51014.C6736
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	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	

Full Name (Last, First, Middle Initial) <b>C. Jack Snyder</b>		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address 6 Brookridge Court		Transaction ID: 60104.C6840
City Bloomington	State IL	Zip Code 61701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self-employed	Occupation Real estate development	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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>950.00</b>
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 17 / 43

(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. Jon Stewart		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address 4207 Brittany Trail Drive		Transaction ID: 60104.C6896
City Champaign	State IL	Zip Code 61822-8506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer TRI Star Marketing	Occupation President	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 ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Jon Stewart		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address 4207 Brittany Trail Drive		Transaction ID: 60104.C6848
City Champaign	State IL	Zip Code 61822-8506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer TRI Star Marketing	Occupation President	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 ▼ 625.00	

Full Name (Last, First, Middle Initial) C. Steve B. Linda Stockton		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 19 Brompton Court		Transaction ID: 60104.C6814
City Bloomington	State IL	Zip Code 61704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer State Farm	Occupation Executive	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 ▼ 300.00	

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

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

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

FOR LINE NUMBER: PAGE 18 / 43

(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. Steven Wannemacher		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 23 Monarch Dr		Transaction ID: 60104.C6831
City Bloomington	State IL	Zip Code 61704
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Heritage Enterprises	Occupation C.E.O.	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	

Full Name (Last, First, Middle Initial) B. Joseph Whelan		Date of Receipt M / D / Y 12 / 01 / 2005
Mailing Address 1717 Briarcliff Dr.		Transaction ID: 60104.C6832
City Urbana	State IL	Zip Code 61802
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer State of Illinois	Occupation Sales	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	

Full Name (Last, First, Middle Initial) C. Erud Yait		Date of Receipt M / D / Y 12 / 29 / 2005
Mailing Address 100 East McHenry		Transaction ID: 60104.C6852
City Urbana	State IL	Zip Code 61801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer University of Illinois	Occupation Professor	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	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1450.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>8787.30</b>

**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. 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: 51014.E2255

Date of Disbursement

10 / 13 / 2005

Amount of Each Disbursement this Period

112.27

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: 60104.E2308

Date of Disbursement

12 / 08 / 2005

Amount of Each Disbursement this Period

43.43

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: 51014.E2258

Date of Disbursement

10 / 13 / 2005

Amount of Each Disbursement this Period

48.22

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

UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶

204.92

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

**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. 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: 51110.E2279

Date of Disbursement

11 / 08 / 2005

Amount of Each Disbursement this Period

40.85

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: 60104.E2307

Date of Disbursement

12 / 08 / 2005

Amount of Each Disbursement this Period

43.43

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: 51014.E2259

Date of Disbursement

10 / 13 / 2005

Amount of Each Disbursement this Period

1016.50

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

INTEREST PAYMENT

SUBTOTAL of Disbursements This Page (optional) ▶

1100.78

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

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

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

FOR LINE NUMBER:  
 (check only one)

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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: 60104.E2286

Date of Disbursement  
 11 / 15 / 2005

Amount of Each Disbursement this Period

1068.73

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: 60111.E2326

Date of Disbursement  
 12 / 03 / 2005

Amount of Each Disbursement this Period

1044.55

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: 51011.E2246

Date of Disbursement  
 10 / 04 / 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) ▶

2140.28

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

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

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

FOR LINE NUMBER:  
(check only one)

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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: 60104.E2304  
Date of Disbursement

12 / 06 / 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. David Davis Mansion Foundation

Mailing Address 1000 E Monroe

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: 60104.E2296  
Date of Disbursement

11 / 28 / 2005

Amount of Each Disbursement this Period

600.00

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

FUNDRAISING EXPENSE

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.E2251  
Date of Disbursement

10 / 07 / 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) ▶

1202.00

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

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

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

FOR LINE NUMBER: (check only one)

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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 State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type: 001

Transaction ID: 60104.E2285  
 Date of Disbursement  
 11 / 10 / 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. 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 State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type: 001

Transaction ID: 60104.E2312  
 Date of Disbursement  
 12 / 13 / 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. Director of Employment Security**

Mailing Address B50 East Madison Street

City Springfield State IL Zip Code 62702-

Purpose of Disbursement  
 Taxes

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type: 001

Transaction ID: 51014.E2282  
 Date of Disbursement  
 10 / 13 / 2005

Amount of Each Disbursement this Period  
 72.38

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

TAXES

**SUBTOTAL** of Disbursements This Page (optional) ▶ **1222.38**

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

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

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

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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. Electoral Design**

Mailing Address 4362 Raleigh Ave., #102

City Alexandria State VA Zip Code 22304-

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

004  
Category/  
Type

Transaction ID: 51011.E2249

Date of Disbursement

10 / 04 / 2005

Amount of Each Disbursement this Period

5000.00

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

WEBSITE EXPENSE

Full Name (Last, First, Middle Initial)

**B. FedEx Kinkos**

Mailing Address 505 S. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement  
Printing

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

003  
Category/  
Type

Transaction ID: 51014.E2256

Date of Disbursement

10 / 13 / 2005

Amount of Each Disbursement this Period

115.38

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

PRINTING

Full Name (Last, First, Middle Initial)

**C. FedEx Kinkos**

Mailing Address 505 S. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement  
Printing

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

003  
Category/  
Type

Transaction ID: 60104.E2291

Date of Disbursement

11 / 23 / 2005

Amount of Each Disbursement this Period

63.67

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

PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶

5179.05

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



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

Use separate schedule(s)  
 for each category of the  
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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. Herriotts

Mailing Address 2100 S. Neil

City Savoy State IL Zip Code 61874-

Purpose of Disbursement  
 Fundraising Expense

Candidate Name

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

003  
 Category/  
 Type

Transaction ID: 51028.E2286  
 Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

530.13

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

FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial)  
 B. 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  
 State: District  
 Disbursement For: Primary General Other (specify) ▼

001  
 Category/  
 Type

Transaction ID: 51014.E2281  
 Date of Disbursement

10 / 13 / 2005

Amount of Each Disbursement this Period

211.44

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

TAXES

Full Name (Last, First, Middle Initial)  
 C. Illinois Lincoln Series

Mailing Address PO Box 414

City Winfield State IL Zip Code 60190-

Purpose of Disbursement  
 Donation

Candidate Name

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

012  
 Category/  
 Type

Transaction ID: 51110.E2284  
 Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

250.00

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

DONATION

SUBTOTAL of Disbursements This Page (optional) ▶

991.57

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

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

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

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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. The Ugly Mug

Mailing Address 723 8th Street SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
Event Expense

Candidate Name

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

State: District

007  
Category/  
Type

Transaction ID: 60104.E2317

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

206.25

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

EVENT EXPENSE

Full Name (Last, First, Middle Initial)

B. Jillians

Mailing Address 1201 S. Neil St

City Champaign State IL Zip Code 61820-

Purpose of Disbursement  
Event Expense

Candidate Name

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

State: District

007  
Category/  
Type

Transaction ID: 60104.E2314

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

280.00

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

EVENT EXPENSE

Full Name (Last, First, Middle Initial)

C. Jillians

Mailing Address 1201 S. Neil St

City Champaign State IL Zip Code 61820-

Purpose of Disbursement  
Event Expense

Candidate Name

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

State: District

007  
Category/  
Type

Transaction ID: 60104.E2313

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

280.00

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

EVENT EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

766.25

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

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

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

FOR LINE NUMBER:  
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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. Keelen Communications**

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement Fundraising Expense

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 003

Transaction ID: 60104.E2301  
 Date of Disbursement 12 / 01 / 2005

Amount of Each Disbursement this Period 1740.00

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

FUNDRAISING EXPENSE

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 Travel Reimbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 002

Transaction ID: 51014.E2252  
 Date of Disbursement 10 / 13 / 2005

Amount of Each Disbursement this Period 240.50

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

TRAVEL REIMBURSEMENT

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 Salary

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: 51110.E2276  
 Date of Disbursement 10 / 27 / 2005

Amount of Each Disbursement this Period 1428.06

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

SALARY

**SUBTOTAL** of Disbursements This Page (optional) ▶ **3408.56**

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

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

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

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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  
 Travel Reimbursement

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

002  
 Category/  
 Type

Transaction ID: 51110.E2277  
 Date of Disbursement  
 11 / 03 / 2005

Amount of Each Disbursement this Period  
 114.70

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

TRAVEL REIMBURSEMENT

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) ▼

001  
 Category/  
 Type

Transaction ID: 60104.E2290  
 Date of Disbursement  
 11 / 22 / 2005

Amount of Each Disbursement this Period  
 1426.06

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) ▼

002  
 Category/  
 Type

Transaction ID: 60104.E2297  
 Date of Disbursement  
 12 / 01 / 2005

Amount of Each Disbursement this Period  
 247.90

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

TRAVEL REIMBURSEMENT

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **1790.66**

**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. 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) ▼

002  
Category/  
Type

Transaction ID: 60104.E2316  
Date of Disbursement

12 / 16 / 2005

Amount of Each Disbursement this Period

156.14

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

TRAVEL REIMBURSEMENT

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) ▼

001  
Category/  
Type

Transaction ID: 60104.E2316  
Date of Disbursement

12 / 21 / 2005

Amount of Each Disbursement this Period

2606.23

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

SALARY

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

Mailing Address 513 N. Main St.

City Bloomington State IL Zip Code 61701-

Purpose of Disbursement  
Fundraising Expense

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

003  
Category/  
Type

Transaction ID: 60104.E2299  
Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

1855.13

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

FUNDRAISING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

4617.50

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

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

Use separate schedule(s)  
 for each category of the  
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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. 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 State: District

Disbursement For: Primary General Other (specify) ▼

001  
 Category/  
 Type

Transaction ID: 51014.E2280  
 Date of Disbursement  
 10 / 13 / 2005

Amount of Each Disbursement this Period  
 1828.89

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

TAXES

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 State: District

Disbursement For: Primary General Other (specify) ▼

001  
 Category/  
 Type

Transaction ID: 51014.E2283  
 Date of Disbursement  
 10 / 13 / 2005

Amount of Each Disbursement this Period  
 38.40

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

TAXES

Full Name (Last, First, Middle Initial)  
**C. Managed Tax Services**

Mailing Address 2501 Galen Dr

City Champaign State IL Zip Code 61820-

Purpose of Disbursement Tax Services

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001  
 Category/  
 Type

Transaction ID: 51110.E2281  
 Date of Disbursement  
 11 / 08 / 2005

Amount of Each Disbursement this Period  
 300.00

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

TAX SERVICES

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **2167.38**

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

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

Use separate schedule(s)  
 for each category of the  
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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. Mcleod USA**

Mailing Address 2302 Fox Dr

City Champaign State IL Zip Code 61820-

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: 51028.E2289  
 Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

11.98

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)  
**B. Mcleod USA**

Mailing Address 2302 Fox Dr

City Champaign State IL Zip Code 61820-

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: 60104.E2293  
 Date of Disbursement

11 / 29 / 2005

Amount of Each Disbursement this Period

12.18

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)  
**C. Betsy Mitchell**

Mailing Address 310 Floral Park Dr.

City Savoy State IL Zip Code 61874-

Purpose of Disbursement  
 Consultant Fee

Candidate Name

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

003  
 Category/  
 Type

Transaction ID: 51110.E2274  
 Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

197.50

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

CONSULTANT FEE

SUBTOTAL of Disbursements This Page (optional) ▶

221.66

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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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. 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: 51011.E2244

Date of Disbursement

10 / 04 / 2005

Amount of Each Disbursement this Period

171.34

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

B. 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: 51028.E2270

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

168.02

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

PHONE SERVICE

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: 60104.E2292

Date of Disbursement

11 / 23 / 2005

Amount of Each Disbursement this Period

167.98

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

507.34

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



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

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

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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

**A.** Full Name (Last, First, Middle Initial)  
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) ▼

Category/Type 001

Transaction ID: 51011.E2250  
Date of Disbursement 10 / 04 / 2005

Amount of Each Disbursement this Period 402.96

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

SALARY

**B.** Full Name (Last, First, Middle Initial)  
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) ▼

Category/Type 001

Transaction ID: 51110.E2282  
Date of Disbursement 11 / 08 / 2005

Amount of Each Disbursement this Period 236.32

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

SALARY

**C.** Full Name (Last, First, Middle Initial)  
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) ▼

Category/Type 001

Transaction ID: 51110.E2275  
Date of Disbursement 11 / 01 / 2005

Amount of Each Disbursement this Period 72.40

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

OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) ▶ **711.68**

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

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

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

FOR LINE NUMBER:  
(check only one)

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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  
Disbursement For: Primary General Other (specify) ▼

State: District

001  
Category/  
Type

Transaction ID: 60104.E2298

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

106.06

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

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

B. 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: 60104.E2306

Date of Disbursement

12 / 08 / 2005

Amount of Each Disbursement this Period

55.67

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

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

C. Town and Country Advertising

Mailing Address PO Box 5104

City Scottsdale State AZ Zip Code 85261-

Purpose of Disbursement  
Advertising

Candidate Name

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

State: District

004  
Category/  
Type

Transaction ID: 51011.E2245

Date of Disbursement

10 / 04 / 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) ▶

225.73

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

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

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

FOR LINE NUMBER:  
(check only one)

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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. Town and Country Advertising

Mailing Address PO Box 5104

City Scottsdale State AZ Zip Code 85261-

Purpose of Disbursement  
Advertising

Candidate Name

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

004  
Category/  
Type

Transaction ID: 60104.E2303  
Date of Disbursement

12 / 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)  
B. Tuscola Review

Mailing Address 115 W Sale

City Tuscola State IL Zip Code 61853-

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: 51014.E2257  
Date of Disbursement

10 / 13 / 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: 51110.E2283  
Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

75.89

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶

229.69

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. 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: 60104.E2310  
 Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

111.00

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

POSTAGE

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

Mailing Address 714 S. 6th

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) ▼

003  
 Category/  
 Type

Transaction ID: 51011.E2247  
 Date of Disbursement

10 / 04 / 2005

Amount of Each Disbursement this Period

751.40

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

PRINTING

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

Mailing Address 714 S. 6th

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) ▼

003  
 Category/  
 Type

Transaction ID: 51110.E2280  
 Date of Disbursement

11 / 08 / 2005

Amount of Each Disbursement this Period

358.08

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

PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶

1220.57

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 43

<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. Upclose Printing**

Mailing Address 714 S. 6th

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) ▼

003  
Category/  
Type

Transaction ID: 60104.E2305

Date of Disbursement  
12 / 06 / 2005

Amount of Each Disbursement this Period

556.49

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

PRINTING

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: 51014.E2254

Date of Disbursement  
10 / 13 / 2005

Amount of Each Disbursement this Period

179.87

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: 51026.E2271

Date of Disbursement  
10 / 20 / 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

SUBTOTAL of Disbursements This Page (optional) ▶

886.36

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 38 / 43

<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.** 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  
 Disbursement For: Primary General Other (specify) ▼

State: District

001  
 Category/  
 Type

Transaction ID: 60104.E2289

Date of Disbursement

11 / 17 / 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  
 Disbursement For: Primary General Other (specify) ▼

State: District

001  
 Category/  
 Type

Transaction ID: 60104.E2288

Date of Disbursement

11 / 17 / 2005

Amount of Each Disbursement this Period

178.15

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  
 Disbursement For: Primary General Other (specify) ▼

State: District

001  
 Category/  
 Type

Transaction ID: 60104.E2902

Date of Disbursement

12 / 06 / 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

SUBTOTAL of Disbursements This Page (optional) ▶

478.15

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

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

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

FOR LINE NUMBER:  
 (check only one)

PAGE 39 / 43

<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: 60104.E2315  
 Date of Disbursement

12 / 16 / 2005

Amount of Each Disbursement this Period

178.15

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

178.15

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

29450.66

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

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

FOR LINE NUMBER:  
 (check only one)

PAGE 40 / 43

17  18  19a  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  
 Repay Loan Made/Guar. by Cand 008 Loan P

Candidate Name

Office Sought: House Disbursement For: 2006  
 Senate X Primary General  
 President Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: 60104.E2311

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

70000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

70000.00

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

70000.00



**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 41 / 43
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Friends of Tim Johnson

Transaction ID: LS50714.08626

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Busey Bank	<b>Election:</b> <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 70725.12	Balance Outstanding at Close of This Period 29274.88	

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

<b>List All Endorsers or Guarantors (if any) to Loan Source</b>			
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:	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:		

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>29274.88</b>
<b>TOTALS</b> 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 42 / 43
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Friends of Tim Johnson

Transaction ID: LS50714.08625

<b>LOAN SOURCE</b> 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	

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	03 <sup>1</sup> 09 <sup>1</sup> 2000 <sup>1</sup>	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:		

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>40000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>69274.88</b>
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)	PAGE 43 / 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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: LS51014.E2259	
700.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2401.63	3129.78	-28.15	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	-28.15
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	-28.15
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	