

**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

61820

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 01 01 2003 through 03 31 2003

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 Jim Bray

Signature of Treasurer Electronically Filed by Jim Bray Date 04 15 2003

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 02/2003)

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

	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)).....	16362.39	27684.75
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	16362.39	27684.75
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	29952.28	52533.51
(b) Total Offsets to Operating Expenditures (from Line 14).....	401.90	401.90
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	29550.38	52131.61
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	17764.77	
<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>	246639.70	

**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 02/2003)

Page 3

Write or Type Committee Name

Friends of Tim Jahnsan

Report Covering the Period: From: <sup>M M</sup> 0 1 <sup>D J</sup> 0 1 <sup>Y</sup> 2 0 0 3 To: <sup>V V</sup> 0 3 <sup>U J</sup> 3 1 <sup>Y</sup> 2 0 0 3

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).....	4000.00	
(ii) Unitemized.....	1450.00	
(iii) TOTAL of contributions	5450.00	13211.00
from individuals..... ▶		
(b) Political Party Committees.....	312.39	412.39
(c) Other Political Committees (such as PACS).....	10600.00	14061.36
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	16362.39	27684.75
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.).....	401.90	401.90
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)..... ▶	16764.29	28086.65

**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.....	29952.28	52533.51
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	100301.54	100301.54
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	100301.54	100301.54
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	4500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) [ > ]	130253.82	157335.05

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	131254.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 15, page3).....	16764.29
25. SUBTOTAL (add Line 23 and Line 24).....	148018.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	130253.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	17764.77

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 38	
	<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				

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. ATLA PAC</b>		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 105D 31st Street, NW		Transaction ID: 040320032C5135
City Washington	State DC	Zip Code 20007-
FEC ID number of contributing federal political committee. <b>C</b>		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: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. American Sugarbeet Growers Assoc. PAC</b>		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 115B 15th Street, NW Suite 1D19		Transaction ID: 040320032C5124
City Washington	State DC	Zip Code 20005-
FEC ID number of contributing federal political committee. <b>C</b>		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: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. American Banker Association PAC</b>		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 112D Connecticut Avenue, NW		Transaction ID: 040320032C5141
City Washington	State DC	Zip Code 20038-
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: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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: (check only one)		PAGE 6 / 38	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) <b>A. American Moving &amp; Storage PAC</b>		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 1811 Duke St		Transaction ID: 040320032C5137
City Alexandria	State VA	Zip Code 22314-
FEC ID number of contributing federal political committee. <b>C</b>		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: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Arba Pac</b>		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 1010 Massachusetts Ave., NW		Transaction ID: 040320032C5134
City Washington	State DC	Zip Code 20001-
FEC ID number of contributing federal political committee. <b>C</b>		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: 2002 <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. Auction Market PAC</b>		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 141 W. Jackson Blvd.		Transaction ID: 040320032C5128
City Chicago	State IL	Zip Code 60604-
FEC ID number of contributing federal political committee. <b>C</b>		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: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</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 / 38			
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) <b>A. BUSPAC</b>		Date of Receipt M / D / Y 03 / 31 / 2003	
Mailing Address 1100 New York Ave NW Suite 1050 Suite 1050		Transaction ID: 040320032C5136	
City State Zip Code Washington DC 20005-	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Occupation	Election Cycle-to-Date 500.00		
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Dairy Farmers of America, Inc. DEPAC</b>		Date of Receipt M / D / Y 03 / 31 / 2003	
Mailing Address 10220 N. Executive Hills Blvd		Transaction ID: 040320032C5132	
City State Zip Code Washington DC 65153-	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Occupation	Election Cycle-to-Date 500.00		
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Independent Community Bankers PAC</b>		Date of Receipt M / D / Y 03 / 31 / 2003	
Mailing Address 1 Thomas Circle, NW Suite 400		Transaction ID: 040320032C5139	
City State Zip Code Washington DC 20005-	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Occupation	Election Cycle-to-Date 500.00		
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)		

SUBTOTAL of Receipts This Page (optional) .....	<b>1500.00</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 / 38			
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) <b>A. Ironworkers Political Action League</b>		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 175D New York Ave, NW		Transaction ID: 040320032C5130
City	State	Zip Code
Washington	DC	20006-
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: 2002 <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. National Council of Farmer Cooperatives</b>		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 50 F Street, NW, Suite 900		Transaction ID: 040320032C5129
City	State	Zip Code
Washington	DC	20001-
FEC ID number of contributing federal political committee. <b>C</b>		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: 2002 <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. Natl Society of Professional Engineers</b>		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 142D King Street		Transaction ID: 040320032C5138
City	State	Zip Code
Alexandria	VA	22314-
FEC ID number of contributing federal political committee. <b>C</b>		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: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</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: (check only one)		PAGE 9 / 38	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) <b>A. Rural Electric PAC</b>		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 4301 Wilson Blvd.		Transaction ID: 040320032C5143
City Arlington	State VA	Zip Code 22203-1860
FEC ID number of contributing federal political committee. <b>C</b>		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: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. SBC Communications PAC</b>		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 175 E. Houston		Transaction ID: 040320032C5131
City San Antonio	State TX	Zip Code 78205-
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: 2002 <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. Television &amp; Radio PAC</b>		Date of Receipt M / D / Y 01 / 10 / 2003
Mailing Address		Transaction ID: D13020030C5115
City Washington	State DC	Zip Code 20038-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 100.00	

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: (check only one)		PAGE 10 / 30	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. National Turkey Federation PAC		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 1225 New York Ave NW Ste 400		Transaction ID: 040320032C5125
City State Zip Code Washington DC 20005-	FEC ID number of contributing federal political committee. <b>C</b>	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: 2002 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	500.00
TOTAL This Period (last page this line number only) .....	▶	10600.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 30	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input 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) <b>A. Harry Bond</b>		Date of Receipt M / D / Y 01 / 10 / 2003
Mailing Address 330 Berkshire Court		Transaction ID: 013020030C5106
City Bourbonnais	State IL	Zip Code 60014-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Requested Info	Occupation Requested Info	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <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. Dave Evans</b>		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 5145 Massachusetts Ave		Transaction ID: 040320032C5140
City Bethesda	State MD	Zip Code 20816-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Consultant	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <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. Phillip Stephen Miller</b>		Date of Receipt M / D / Y 01 / 28 / 2003
Mailing Address 1127 Lakeridge Rd		Transaction ID: 013020030C5117
City Danville	State IL	Zip Code 61832-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Acton & Snyder	Occupation Attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</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 12 / 30	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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. William Ray		Date of Receipt M / D / Y 01 / 10 / 2003
Mailing Address 1907 Red Bud Lane		Transaction ID: 013020030C5113
City Bloomington	State IL	Zip Code 61704-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Requested Info	Occupation Requested Info	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))
Receipt For: 2002 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Bemis Robinson		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 51 Warwick Stone Way		Transaction ID: 040320032C5142
City Great Falls	State VA	Zip Code 22066-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Requested Info Livingston Group	Occupation Requested Info Lobbyist	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))
Receipt For: 2002 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	2000.00
TOTAL This Period (last page this line number only) .....	▶	4000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 30	
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
 Friends of Tim Jahnsan

A. Full Name (Last, First, Middle Initial) NRCC		Date of Receipt M / D / Y 01 / 28 / 2003
Mailing Address 320 First Street, SE		Transaction ID: 0415200355C5175
City Washington	State DC	Zip Code 20003-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 18.39
Name of Employer	Occupation	In-Kind Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 18.39	

B. Full Name (Last, First, Middle Initial) NRCC		Date of Receipt M / D / Y 02 / 17 / 2003
Mailing Address 320 First Street, SE		Transaction ID: 0415200355C5176
City Washington	State DC	Zip Code 20003-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 98.00
Name of Employer	Occupation	In-Kind Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 118.39	

C. Full Name (Last, First, Middle Initial) NRCC		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 320 First Street, SE		Transaction ID: 0415200355C5177
City Washington	State DC	Zip Code 20003-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 98.00
Name of Employer	Occupation	In-Kind Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 214.39	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>214.39</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: (check only one)		PAGE 14 / 30	
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. NRCC		Date of Receipt M / D / Y 03 / 12 / 2008
Mailing Address 320 First Street, SE		Transaction ID: 0415200355C5178
City Washington	State DC	Zip Code 20003-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 98.00
Name of Employer	Occupation	In-Kind Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 312.39	

SUBTOTAL of Receipts This Page (optional) .....	▶	98.00
TOTAL This Period (last page this line number only) .....	▶	312.39

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 30	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input checked="" 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. Wilson Grand		Date of Receipt M / D / Y 02 / 11 / 2008
Mailing Address 429 N. Street Asaph		Transaction ID: 021920094305121
City Alexandria	State VA	Zip Code 22314-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 361.65
Name of Employer	Occupation	Offsets to Operating Expenditure Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2002 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 361.65	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>361.65</b>
TOTAL This Period (last page this line number only) .....	▶	<b>361.65</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)				PAGE 16 / 39
	<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. AT&T Phone Company		Transaction ID: D40320032E1417 Date of Disbursement 03 / 03 / 2003	
Mailing Address PO Box 105306			
City Atlanta	State GA	Zip Code 30348-5306	Amount of Each Disbursement this Period  262.87 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PHONE SERVICE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	PHONE SERVICE	
State: District			

Full Name (Last, First, Middle Initial) B. AT&T Phone Company		Transaction ID: D40320032E1468 Date of Disbursement 03 / 25 / 2003	
Mailing Address PO Box 105306			
City Atlanta	State GA	Zip Code 30348-5306	Amount of Each Disbursement this Period  46.82 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PHONE SERVICE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	PHONE SERVICE	
State: District			

Full Name (Last, First, Middle Initial) C. B. Smiths		Transaction ID: D40320032E1414 Date of Disbursement 02 / 28 / 2003	
Mailing Address 50 Massachusetts Ave., N.E.			
City Washington	State DC	Zip Code 20002-	Amount of Each Disbursement this Period  1050.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement DEPOSIT FOR EVENT		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	DEPOSIT FOR EVENT	
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>1359.69</b>
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 17 / 39
	<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) <b>A. Bank Illinois</b>		Transaction ID: D40320031E1481 Date of Disbursement 01 / 14 / 2003	
Mailing Address 100 W. University Avenue		Amount of Each Disbursement this Period  5206.86  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  INTEREST PAYMENT	
City Champaign	State IL		Zip Code 61820-
Purpose of Disbursement INTEREST PAYMENT			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. Busey Bank</b>		Transaction ID: D40320032E1439 Date of Disbursement 01 / 14 / 2003	
Mailing Address 201 W. Main		Amount of Each Disbursement this Period  6030.86  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  INTEREST PAYMENT	
City Urbana	State IL		Zip Code 61801-
Purpose of Disbursement INTEREST PAYMENT			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>C. Jennifer Callahan</b>		Transaction ID: D40320032E1443 Date of Disbursement 01 / 14 / 2003	
Mailing Address 611 Campton Ave.		Amount of Each Disbursement this Period  100.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FINANCE SERVICES	
City Champaign	State IL		Zip Code 61822-
Purpose of Disbursement FINANCE SERVICES			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>11337.72</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 18 / 39
	<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. Cingular Wireless		Transaction ID: D40320032E1436 Date of Disbursement 01 / 10 / 2003	
Mailing Address PO Box 806055			
City Chicago	State IL	Zip Code 60680-8055	Amount of Each Disbursement this Period  199.78  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE SERVICE
Purpose of Disbursement PHONE SERVICE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: D40320032E1454 Date of Disbursement 02 / 06 / 2003	
Mailing Address PO Box 806055			
City Chicago	State IL	Zip Code 60680-8055	Amount of Each Disbursement this Period  155.54  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE SERVICE
Purpose of Disbursement PHONE SERVICE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: D40320032E1423 Date of Disbursement 03 / 11 / 2003	
Mailing Address PO Box 806055			
City Chicago	State IL	Zip Code 60680-8055	Amount of Each Disbursement this Period  155.48  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE SERVICE
Purpose of Disbursement PHONE SERVICE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>510.80</b>
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 19 / 39
	<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) <b>A. ELECT</b>		Transaction ID: D40320032E141B Date of Disbursement 03 / 04 / 2003
Mailing Address 2738 N. Pine Grove Ave		Amount of Each Disbursement this Period  4000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SOFTWARE
City Chicago	State IL Zip Code 60614-	
Purpose of Disbursement SOFTWARE	Candidate Name	
Office Sought: House Senate President		
State: District		

Full Name (Last, First, Middle Initial) <b>B. HuntingtonTowers</b>		Transaction ID: D40320032E147B Date of Disbursement 01 / 03 / 2003
Mailing Address PO Box 140		Amount of Each Disbursement this Period  273.13  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  RENT EXPENSE
City Champaign	State IL Zip Code 61824-0140	
Purpose of Disbursement RENT EXPENSE	Candidate Name	
Office Sought: House Senate President		
State: District		

Full Name (Last, First, Middle Initial) <b>C. HuntingtonTowers</b>		Transaction ID: D40320032E1475 Date of Disbursement 01 / 30 / 2003
Mailing Address PO Box 140		Amount of Each Disbursement this Period  273.12  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  RENT EXPENSE
City Champaign	State IL Zip Code 61824-0140	
Purpose of Disbursement RENT EXPENSE	Candidate Name	
Office Sought: House Senate President		
State: District		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4546.25</b>
<b>TOTAL</b> 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 20 / 39
	<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) HuntingtonTowers		Transaction ID: D40320032E1474 Date of Disbursement 03 / 03 / 2003	
Mailing Address PO Box 140			
City Champaign	State IL	Zip Code 61824-0140	Amount of Each Disbursement this Period  273.12  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement RENT EXPENSE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		RENT EXPENSE

B. Full Name (Last, First, Middle Initial) Illinois Power		Transaction ID: D40320032E1431 Date of Disbursement 01 / 10 / 2003	
Mailing Address P.O. Box 511			
City Decatur	State IL	Zip Code 62525-	Amount of Each Disbursement this Period  46.23  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement UTILITIES		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		UTILITIES

C. Full Name (Last, First, Middle Initial) Illinois Power		Transaction ID: D40320032E1445 Date of Disbursement 01 / 14 / 2003	
Mailing Address P.O. Box 511			
City Decatur	State IL	Zip Code 62525-	Amount of Each Disbursement this Period  86.92  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement UTILITIES		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		UTILITIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>406.27</b>
<b>TOTAL</b> 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 21 / 39
	<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. Illinois Power		Transaction ID: D40320032E1461 Date of Disbursement 02 / 14 / 2003	
Mailing Address P.O. Box 511			
City Decatur	State IL	Zip Code 62525-	Amount of Each Disbursement this Period  67.75  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  UTILITIES
Purpose of Disbursement UTILITIES		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Illinois Power		Transaction ID: D40320032E1425 Date of Disbursement 03 / 18 / 2003	
Mailing Address P.O. Box 511			
City Decatur	State IL	Zip Code 62525-	Amount of Each Disbursement this Period  91.10  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  UTILITIES
Purpose of Disbursement UTILITIES		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Keelen Communications		Transaction ID: D40320032E1432 Date of Disbursement 01 / 10 / 2003	
Mailing Address PO Box 2776			
City Arlington	State VA	Zip Code 22202-	Amount of Each Disbursement this Period  2203.36  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FUNDRAISING EXPENSE
Purpose of Disbursement FUNDRAISING EXPENSE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	2362.21
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 22 / 39
	<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) <b>A. Keelen Communications</b>		Transaction ID: D40320032E1422 Date of Disbursement 03 / 11 / 2003	
Mailing Address PO Box 2776			
City Arlington	State VA	Zip Code 22202-	Amount of Each Disbursement this Period  5.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FUNDRAISING EXPENSE
Purpose of Disbursement FUNDRAISING EXPENSE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kinkos</b>		Transaction ID: D40320032E1437 Date of Disbursement 01 / 11 / 2003	
Mailing Address 505 S. Mattis			
City Champaign	State IL	Zip Code 61821-	Amount of Each Disbursement this Period  24.85  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PRINTING
Purpose of Disbursement PRINTING		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kinkos</b>		Transaction ID: D40320032E1438 Date of Disbursement 01 / 11 / 2003	
Mailing Address 505 S. Mattis			
City Champaign	State IL	Zip Code 61821-	Amount of Each Disbursement this Period  223.85  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PRINTING
Purpose of Disbursement PRINTING		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>253.80</b>
<b>TOTAL</b> 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 23 / 39
	<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		Transaction ID: D40320032E1433 Date of Disbursement 01 / 10 / 2003	
Mailing Address 2302 Fox Dr			
City Champaign	State IL	Zip Code 61820-	Amount of Each Disbursement this Period  48.45  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE SERVICE
Purpose of Disbursement PHONE SERVICE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Mcleod USA		Transaction ID: D40320032E1448 Date of Disbursement 01 / 29 / 2003	
Mailing Address 2302 Fox Dr			
City Champaign	State IL	Zip Code 61820-	Amount of Each Disbursement this Period  45.94  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE SERVICE
Purpose of Disbursement PHONE SERVICE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Mcleod USA		Transaction ID: D40320032E1412 Date of Disbursement 02 / 26 / 2003	
Mailing Address 2302 Fox Dr			
City Champaign	State IL	Zip Code 61820-	Amount of Each Disbursement this Period  63.04  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE SERVICE
Purpose of Disbursement PHONE SERVICE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>157.43</b>
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 24 / 39
	<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		Transaction ID: D40320032E1473 Date of Disbursement 03 / 25 / 2003	
Mailing Address 2302 Fox Dr			
City Champaign	State IL	Zip Code 61820-	Amount of Each Disbursement this Period  6.08  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE SERVICE
Purpose of Disbursement PHONE SERVICE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Connie Nord		Transaction ID: D40320032E1447 Date of Disbursement 01 / 29 / 2003	
Mailing Address 16 Country Club			
City Bloomington	State IL	Zip Code 61701-	Amount of Each Disbursement this Period  2303.58  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  REIMBURSEMENTS/FOOD
Purpose of Disbursement REIMBURSEMENTS/FOOD		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. NRCC		Transaction ID: D4152003550S175IK Date of Disbursement 01 / 28 / 2003	
Mailing Address 320 First Street, SE			
City Washington	State DC	Zip Code 20003-	Amount of Each Disbursement this Period  18.38  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  IN KIND: SATELLITE FEED
Purpose of Disbursement SATELLITE FEED		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>2328.06</b>
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 25 / 39
	<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. NRCC		Transaction ID: D415200355C5176IK Date of Disbursement 02 / 17 / 2003	
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 98.00	
City Washington	State DC	Zip Code 20003-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement BLAST FAX		Category/ Type	
Candidate Name		IN KIND: BLAST FAX	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. NRCC		Transaction ID: D415200355C5177IK Date of Disbursement 03 / 10 / 2003	
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 98.00	
City Washington	State DC	Zip Code 20003-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement BLAST FAX		Category/ Type	
Candidate Name		IN KIND: BLAST FAX	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. NRCC		Transaction ID: D415200355C5178IK Date of Disbursement 03 / 12 / 2003	
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 98.00	
City Washington	State DC	Zip Code 20003-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement BLAST FAX		Category/ Type	
Candidate Name		IN KIND: BLAST FAX	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	294.00
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)				PAGE 26 / 39
	<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. Maureen OSullivan		Transaction ID: D40320032E1413 Date of Disbursement 02 / 28 / 2003	
Mailing Address 803 W. Springfield #B			
City Champaign	State IL	Zip Code 61820-	Amount of Each Disbursement this Period  1414.35 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY
Purpose of Disbursement SALARY		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Maureen OSullivan		Transaction ID: D40320032E147B Date of Disbursement 03 / 31 / 2003	
Mailing Address 803 W. Springfield #B			
City Champaign	State IL	Zip Code 61820-	Amount of Each Disbursement this Period  1414.35 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY
Purpose of Disbursement SALARY		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Patton Boggs		Transaction ID: D40320032E145B Date of Disbursement 02 / 06 / 2003	
Mailing Address 2550 M Street, NW			
City Washington	State DC	Zip Code 20037-1350	Amount of Each Disbursement this Period  141.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  LEGAL SERVICES
Purpose of Disbursement LEGAL SERVICES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>2970.20</b>
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 27 / 39
	<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. Patton Boggs		Transaction ID: D40320032E142D Date of Disbursement 03 / 11 / 2003	
Mailing Address 2550 M Street, NW		Amount of Each Disbursement this Period 206.25	
City Washington	State DC	Zip Code 20037-1350	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement LEGAL SERVICES		Category/ Type	
Candidate Name		LEGAL SERVICES	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. SBC		Transaction ID: D40320032E1479 Date of Disbursement 01 / 20 / 2003	
Mailing Address 225 W Randolph St Floor 27A		Amount of Each Disbursement this Period 264.07	
City Chicago	State IL	Zip Code 60606-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PHONE SERVICE		Category/ Type	
Candidate Name		PHONE SERVICE	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. SBC		Transaction ID: D40320032E1411 Date of Disbursement 02 / 26 / 2003	
Mailing Address 225 W Randolph St Floor 27A		Amount of Each Disbursement this Period 194.24	
City Chicago	State IL	Zip Code 60606-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PHONE SERVICE		Category/ Type	
Candidate Name		PHONE SERVICE	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	664.56
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 28 / 39
	<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		Transaction ID: D40320032E1472 Date of Disbursement 03 / 25 / 2003	
Mailing Address 225 W Randolph St Floor 27A		Amount of Each Disbursement this Period 108.65	
City Chicago	State IL	Zip Code 60606-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PHONE SERVICE		Category/ Type	
Candidate Name		PHONE SERVICE	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Sylvester Mngmt		Transaction ID: D40320032E1453 Date of Disbursement 01 / 30 / 2003	
Mailing Address PO Box 986		Amount of Each Disbursement this Period 385.00	
City Irmo	State SC	Zip Code 29063-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FEC CONFERENCE		Category/ Type	
Candidate Name		FEC CONFERENCE	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. U.S. Postmaster		Transaction ID: D40320032E1457 Date of Disbursement 02 / 06 / 2003	
Mailing Address 2001 N. Mattis		Amount of Each Disbursement this Period 8.80	
City Champaign	State IL	Zip Code 61821-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement POSTAGE		Category/ Type	
Candidate Name		POSTAGE	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	502.45
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 / 39
	<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 Jahnson

Full Name (Last, First, Middle Initial) A. U.S. Postmaster		Transaction ID: D40320032E1409 Date of Disbursement 02 / 25 / 2003	
Mailing Address 2001 N. Mattis			
City Champaign	State IL	Zip Code 61821-	Amount of Each Disbursement this Period  111.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE
Purpose of Disbursement POSTAGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. U.S. Postmaster		Transaction ID: D40320032E1424 Date of Disbursement 03 / 18 / 2003	
Mailing Address 2001 N. Mattis			
City Champaign	State IL	Zip Code 61821-	Amount of Each Disbursement this Period  126.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE
Purpose of Disbursement POSTAGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. U.S. Postmaster		Transaction ID: D40320032E1467 Date of Disbursement 03 / 21 / 2003	
Mailing Address 2001 N. Mattis			
City Champaign	State IL	Zip Code 61821-	Amount of Each Disbursement this Period  148.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE
Purpose of Disbursement POSTAGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>385.00</b>
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 30 / 39

<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		Transaction ID: D40320032E1471 Date of Disbursement 03 / 25 / 2003	
Mailing Address 714 S. 6th		Amount of Each Disbursement this Period 195.79	
City Champaign	State IL	Zip Code 61820-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PRINTING		Category/ Type	
Candidate Name		PRINTING	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: D40320032E1429 Date of Disbursement 01 / 10 / 2003	
Mailing Address PO Box 6170		Amount of Each Disbursement this Period 178.63	
City Carol Stream	State IL	Zip Code 60107-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PHONE SERVICE		Category/ Type	
Candidate Name		PHONE SERVICE	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: D40320032E1430 Date of Disbursement 01 / 10 / 2003	
Mailing Address PO Box 6170		Amount of Each Disbursement this Period 173.86	
City Carol Stream	State IL	Zip Code 60107-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PHONE SERVICE		Category/ Type	
Candidate Name		PHONE SERVICE	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	548.28
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)				PAGE 31 / 39
	<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) <b>A. Verizon Wireless</b>		Transaction ID: D40320032E1449 Date of Disbursement 01 / 23 / 2003	
Mailing Address PO Box 6170		Amount of Each Disbursement this Period  354.37  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE SERVICE	
City Carol Stream	State IL		Zip Code 60197-
Purpose of Disbursement PHONE SERVICE			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Transaction ID: D40320032E1465 Date of Disbursement 02 / 19 / 2003	
Mailing Address PO Box 6170		Amount of Each Disbursement this Period  2.96  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE SERVICE	
City Carol Stream	State IL		Zip Code 60197-
Purpose of Disbursement PHONE SERVICE			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Transaction ID: D40320032E1426 Date of Disbursement 03 / 18 / 2003	
Mailing Address PO Box 6170		Amount of Each Disbursement this Period  175.36  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE SERVICE	
City Carol Stream	State IL		Zip Code 60197-
Purpose of Disbursement PHONE SERVICE			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>532.69</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>29159.41</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)

PAGE 32 / 39

17  
20a  18  
20b  19a  
20c  19b  
21

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NAME OF COMMITTEE (In Full)  
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) <b>A. Bank Illinois</b>		Transaction ID: D40320032E144D Date of Disbursement 01 / 14 / 2003		
Mailing Address 100 W. University Avenue		Amount of Each Disbursement this Period  100000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Champaign	State IL			Zip Code 61820-
Purpose of Disbursement Repay Loan Made/Guar. by Cand				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2002 X Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Busey Bank</b>		Transaction ID: D40320032E141B Date of Disbursement 03 / 03 / 2003		
Mailing Address 201 W. Main		Amount of Each Disbursement this Period  301.54  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City Urbana	State IL			Zip Code 61801-
Purpose of Disbursement Repay Loan Made/Guar. by Cand Loan Repay				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2002 X Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>100301.54</b>
TOTAL This Period (last page this line number only) .....	▶	<b>100301.54</b>



**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 33 / 38
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Friends of Tim Johnson

Transaction ID: LS1015200017C2023

LOAN SOURCE Full Name (Last, First, Middle Initial) Bank Illinois	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 100 W. University Avenue	
City Champaign State IL ZIP Code 61820	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	100000.00	0.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:		
M	D	Y	M	% (apr)	Yes No		
01	06	2000	01	10	2003	5.250 % (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)	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:
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>0.00</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 34 / 38
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Friends of Tim Johnson

Transaction ID: LS1015200017C2024

LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 201 W. Main	
City Urbana State IL ZIP Code 61801-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	725.12	99274.88

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
01 <sup>th</sup> 24 <sup>th</sup> 2000	06 <sup>th</sup> 16 <sup>th</sup> 2003	8.500 % (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)	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:
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>99274.88</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 35 / 38
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Friends of Tim Johnson

Transaction ID: LS1015200017C2098

LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 201 W. Main	
City Urbana State IL ZIP Code 61801-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
03 <sup>m</sup> 09 <sup>n</sup> 2000 <sup>y</sup>	06 <sup>m</sup> 16 <sup>n</sup> 2003 <sup>y</sup>	6.500 % (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)	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:
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) .....	
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 36 / 38
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Friends of Tim Johnson

Transaction ID: LS102020002C2771

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) First State Bank of Monticello Mailing Address 201 West Main Street PO Box 260 City Monticello State IL ZIP Code 61856-	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
--	--

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
10 / 05 / 2000	10 / 05 / 2003	7.000 % (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)	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:
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>100000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>239274.88</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 )**

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

FOR LINE NUMBER: (check only one)

9  
 10

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bank Illinois		Nature of Debt (Purpose):	
Mailing Address 100 W. University Avenue			
City	State	ZIP Code	
Champaign	IL	61820-	
Outstanding Balance Beginning This Period		Transaction ID: LS040320031E1481	
4991.10			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
215.76	5206.86	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Busey Bank		Nature of Debt (Purpose):	
Mailing Address 201 W. Main			
City	State	ZIP Code	
Urbana	IL	61801-	
Outstanding Balance Beginning This Period		Transaction ID: LS040320032E1439	
6591.10			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2690.44	6030.86	3250.86	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor First State Bank of Monticello		Nature of Debt (Purpose):	
Mailing Address 201 West Main Street PO Box 260			
City	State	ZIP Code	
Monticello	IL	61858-	
Outstanding Balance Beginning This Period		Transaction ID: LS0410200322E1486	
1668.68			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1750.00	0.00	3418.68	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>6669.34</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER:  9  
 10

NAME OF COMMITTEE (In Full)  
 Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Patton Boggs

Nature of Debt (Purpose):  
 Legal Services

Mailing Address 2550 M Street, NW

City State ZIP Code  
 Washington DC 20037-1350

Outstanding Balance Beginning This Period

Transaction ID: LS040320032E1480

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

695.48

0.00

695.48

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>695.48</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	<b>7364.82</b>
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	

