

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 17097
 Check if different than previously reported. (ACC) Urbana IL 61803

2. **FEC IDENTIFICATION NUMBER** C00350421
IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
Urbana IL 61803 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 11 25 2008 through 12 31 2008

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 Brian Kelly
Signature of Treasurer Electronically Filed by Brian Kelly Date 02 12 2009

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Tim Johnson

Report Covering the Period:

From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	3950.00	13173.54
(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)).....	3950.00	13173.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	15533.18	20040.38
(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)).....	15533.18	20040.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	109779.55	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	5206.74	

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

Write or Type Committee Name
Friends of Tim Johnson

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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).....

450.00

2650.00

(ii) Unitemized.....

0.00

1023.54

(iii) TOTAL of contributions

450.00

3673.54

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACS).....

3500.00

9500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

3950.00

13173.54

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

0.00

0.00

16. **TOTAL RECEIPTS** (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

3950.00

13173.54

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15533.18	20040.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
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	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	15533.18	20040.38

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	121362.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	3950.00
25. SUBTOTAL (add Line 23 and Line 24).....	125312.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15533.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	109779.55

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

Name of Candidate		Candidate ID Number	
Tim Johnson		H0IL15053	
Name of Principal Campaign Committee		Committee ID Number	
Friends of Tim Johnson		C C00350421	
Committee Address			
PO Box 17097			
City	State	ZIP	
Urbana	IL	61803-	
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election			
	Primary	General	
1. Gross receipts of authorized committees	13173.54	0.00	
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00	
3. Gross receipts minus the candidate's personal contributions	13173.54	0.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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 Johnson

A. Full Name (Last, First, Middle Initial)
American Hospital Association PAC

Mailing Address 325 Seventh Street, N.W.

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2008
Transaction ID: 90130.C8581
 Amount of Each Receipt this Period 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Americans for the Arts

Mailing Address 1000 Vermont Ave. NW Suite 600

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00410126

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2008
Transaction ID: 90130.C8580
 Amount of Each Receipt this Period 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Farm Credit PAC

Mailing Address 50 F Street, NW Suite 900

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 12 / 31 / 2008
Transaction ID: 90130.C8579
 Amount of Each Receipt this Period 2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3500.00

TOTAL This Period (last page this line number only) ► 3500.00

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

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

FOR LINE NUMBER: PAGE 7 / 14
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.

Full Name (Last, First, Middle Initial)
Rudy Frasca

Mailing Address 906 Airport Road

City Urbana State IL Zip Code 61801

FEC ID number of contributing federal political committee. **C**

Name of Employer Frasca International Occupation Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2008
Transaction ID: 90130.C8577

Amount of Each Receipt this Period 250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Kenneth Mathis

Mailing Address 2808 N. Lincoln Ave.

City Urbana State IL Zip Code 61802

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt 12 / 31 / 2008
Transaction ID: 90130.C8578

Amount of Each Receipt this Period 200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	450.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Champaign County Republican Party <hr/> Mailing Address 106 W Springfield Ave <hr/> City Champaign State IL Zip Code 61820- <hr/> Purpose of Disbursement Political Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90130.E3000 Date of Disbursement 12 / 08 / 2008	Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLITICAL CONTRIBUTION
B.	Full Name (Last, First, Middle Initial) Results Plus Consulting, Inc. <hr/> Mailing Address PO Box 17452 <hr/> City Urbana State IL Zip Code 61803- <hr/> Purpose of Disbursement Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90130.E2988 Date of Disbursement 12 / 02 / 2008	Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING
C.	Full Name (Last, First, Middle Initial) Aristotle International <hr/> Mailing Address 205 Pennsylvania Ave <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Software Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90130.E2992 Date of Disbursement 12 / 04 / 2008	Amount of Each Disbursement this Period 3750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SOFTWARE

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

<p>A. Full Name (Last, First, Middle Initial) AT&T</p> <p>Mailing Address PO Box 105306</p> <p>City Atlanta State GA Zip Code 30348-5306</p> <p>Purpose of Disbursement Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90130.E2993</p> <p>Date of Disbursement 12 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 221.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PHONE SERVICE</p>
<p>B. Full Name (Last, First, Middle Initial) AT&T</p> <p>Mailing Address PO Box 105306</p> <p>City Atlanta State GA Zip Code 30348-5306</p> <p>Purpose of Disbursement Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90130.E2994</p> <p>Date of Disbursement 12 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 238.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PHONE SERVICE</p>
<p>C. Full Name (Last, First, Middle Initial) Devonshire Realty</p> <p>Mailing Address PO Box 140</p> <p>City Champaign State IL Zip Code 61824-0140</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90130.E2987</p> <p>Date of Disbursement 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 575.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>RENT</p>

SUBTOTAL of Disbursements This Page (optional)	1034.86
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 10 / 14

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Bobby Frederick Mailing Address 115 C St SE City Washington State DC Zip Code 20003- Purpose of Disbursement Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90130.E2989 Date of Disbursement 12 / 04 / 2008 Amount of Each Disbursement this Period 3176.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING
B.	Full Name (Last, First, Middle Initial) Bobby Frederick Mailing Address 115 C St SE City Washington State DC Zip Code 20003- Purpose of Disbursement Reimbursements Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90130.E2990 Date of Disbursement 12 / 04 / 2008 Amount of Each Disbursement this Period 1120.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENTS
C.	Full Name (Last, First, Middle Initial) The Catalyst Group Mailing Address 1115 Massachusetts Avenue, NW City Washington State DC Zip Code 20005- Purpose of Disbursement Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90130.E2991 Date of Disbursement 12 / 04 / 2008 Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶	7296.76
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)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90130.E2997 Date of Disbursement 12 / 23 / 2008
	Mailing Address PO Box 6170	Amount of Each Disbursement this Period 150.00
	City Carol Stream State IL Zip Code 60197-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phones Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONES

B.	Full Name (Last, First, Middle Initial) Xpress Professional Services	Transaction ID: 90130.E2996 Date of Disbursement 12 / 04 / 2008
	Mailing Address 220 E Adams Street	Amount of Each Disbursement this Period 783.54
	City Springfield State IL Zip Code 62701-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone Calls Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 005
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE CALLS

SUBTOTAL of Disbursements This Page (optional)	933.54
TOTAL This Period (last page this line number only)	15265.16

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LSC7050

LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary
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	97569.08	2430.92

TERMS

Date Incurred M M 01 D D 24 Y Y Y Y 2000	Date Due 20080521	Interest Rate 950.00 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	----------------------	---------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial) Timothy V. Johnson	Name of Employer Information Requested
Mailing Address 413 Berringer Circle	Occupation Information Requested
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding: 2430.92
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2430.92
TOTALS This Period (last page in this line only)00

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)

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

PAGE 13 / 14

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LSC7052

LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary
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	37529.58	2470.42

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="03"/> <input type="text" value="03"/> <input type="text" value="2000"/>	<input type="text" value="20080521"/>	<input type="text" value="950.00"/> % (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 Information Requested
Mailing Address 413 Berringer Circle	Occupation Attorney
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding: <input type="text" value="2470.42"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="2470.42"/>
TOTALS This Period (last page in this line only)	<input type="text" value="4901.34"/>

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

(Use separate schedule(s) for each numbered line)	PAGE 14 / 14	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Busey Bank			Nature of Debt (Purpose): 009 Accrued Interest
Mailing Address 201 W. Main			
City Urbana	State IL	ZIP Code 61801-	

Outstanding Balance Beginning This Period		Transaction ID: LSE2264	
305.40			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	305.40	

1) SUBTOTALS This Period This Page (optional).....	305.40
2) TOTALS This Period (last page this line number only).....	305.40
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	4901.34
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	5206.74