

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

Friends of Tim Johnson

ADDRESS (number and street)

PO Box 17087

Check if different than previously reported. (ACC)

Urbana

IL

61803

2. **FEC IDENTIFICATION NUMBER**

C00350421

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT **NEW (N)** OR **X 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 04 01 2005 through 06 30 2005

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

Type or Print Name of Treasurer James P. Bray

Signature of Treasurer Electronically Filed by James P. Bray Date 09 01 2005

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

Office Use Only

FEC FORM 3
(Revised 02/2005)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Tim Johnson

Report Covering the Period: From: ^M 0 ^M 4 ^D 0 ^D 1 ^Y 2 ^Y 0 ^Y 0 ^Y 5 To: ^V 0 ^M 6 ^D 3 ^D 0 ^Y 2 ^Y 0 ^Y 0 ^Y 5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	40515.00	66660.45
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	40515.00	66560.45
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	22667.07	67150.64
(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)).....	22667.07	67150.64
8. Cash on Hand at Close of Reporting Period (from Line 27).....	139167.88	
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).....	139243.48	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2005)

Page 3

Write or Type Committee Name
Friends of Tim Johnson

Report Covering the Period: From: ^{M M} 0 4 ^{Y Y} 0 1 ^{Y Y} 2 0 0 5 To: ^{Y M} 0 6 ^{Y F} 3 0 ^{Y Y} 2 0 0 5

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).....	3500.00	.00
(ii) Unitemized.....	4515.00	.00
(iii) TOTAL of contributions	8015.00	20955.00
from Individuals..... ▶		
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	32500.00	45705.45
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans)	40515.00	66660.45
(add Lines 11(a)(iii), (b), (c), and (d))		
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)..... ▶	40515.00	66660.45

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22667.07	67150.64
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	100000.00	100000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	100000.00	100000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	100.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	122667.07	167250.64

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	221319.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	40515.00
25. SUBTOTAL (add Line 23 and Line 24).....	261834.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	122667.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	139167.88

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 checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	66660.45	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	66660.45	0.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 41

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. AAPAC		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1101 17th St., N.W., No. 800		Transaction ID: 50712.C6618
City	State	Zip Code
Washington	DC	20036-
FEC ID number of contributing federal political committee. C C00107300		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. AFSCME		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1625 L Street N.W.		Transaction ID: 50712.C6608
City	State	Zip Code
Washington	DC	20036-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Amalgamated Transit Union COPE		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 5025 Wisconsin Ave., NW		Transaction ID: 50414.C6534
City	State	Zip Code
Washington	DC	20018-
FEC ID number of contributing federal political committee. C CD0032995		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 7 / 41

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. American Council of Engineering Co. PAC		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 1015 15th Street, NW		Transaction ID: 50411.C6532
City	State	Zip Code
Washington	DC	20005-2605
FEC ID number of contributing federal political committee. C C00010868		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. ATLA PAC		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 1050 31st Street, NW		Transaction ID: 50414.C6538
City	State	Zip Code
Washington	DC	20007-
FEC ID number of contributing federal political committee. C C00024521		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Auction Market PAC		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 141 W. Jackson Blvd.		Transaction ID: 50414.C6543
City	State	Zip Code
Chicago	IL	60604-
FEC ID number of contributing federal political committee. C C00059832		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 41

(check only one)

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

Full Name (Last, First, Middle Initial) A. Auction Market PAC		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 141 W. Jackson Blvd.		Transaction ID: 50712.C6614
City Chicago	State IL	Zip Code 60604-
FEC ID number of contributing federal political committee. C C00059832		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Bldg. & Constr. Trades Dept. Federal PEF		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 815 16th Street, NW Suite 600		Transaction ID: 50712.C6621
City Washington	State DC	Zip Code 20006-
FEC ID number of contributing federal political committee. C C00003180		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Bolermakers-Blacksmiths PAC		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 753 State Ave, Suite 565		Transaction ID: 50712.C6619
City Kansas City	State KS	Zip Code 66101-2511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 9 / 41

(check only one)

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

Full Name (Last, First, Middle Initial) A. Bricklayers & Allied Craftworkers PAC		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 1776 Eye St, NW		Transaction ID: 50414.C6545
City Washington	State DC	Zip Code 20006-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Carpenters Legislative PAC		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 101 Constitution Ave., NW		Transaction ID: 50712.C6622
City Washington	State DC	Zip Code 20001-
FEC ID number of contributing federal political committee. C CD0001D18		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Conagra Good Government Assoc.		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address One Conagra Drive		Transaction ID: 50712.C6604
City Omaha	State NE	Zip Code 68102-5001
FEC ID number of contributing federal political committee. C CD0087874		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 41

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Egg PAC		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 1303 Hightower Trail		Transaction ID: 50414.C6537
City Atlanta	State GA	Zip Code 30350-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Engineers Political Education Committee		Date of Receipt M / D / Y 06 / 01 / 2005
Mailing Address 1125 Sevenbeenth Street Northwest		Transaction ID: 50614.C6571
City Washington	State DC	Zip Code 20036-
FEC ID number of contributing federal political committee. C CD0029504		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Farm Credit PAC		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 50 F Street, NW Suite 900		Transaction ID: 50411.C6531
City Washington	State DC	Zip Code 20001-
FEC ID number of contributing federal political committee. C CD0193631		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 11 / 41

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Farm Credit PAC		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 50 F Street, NW Suite 900		Transaction ID: 50712.C6608
City Washington	State DC	Zip Code 20001-
FEC ID number of contributing federal political committee. C C00193631		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Florida Sugar Cane League PAC		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1301 Pennsylvania Avenue, NW Suite 401		Transaction ID: 50712.C6615
City Washington	State DC	Zip Code 20004-
FEC ID number of contributing federal political committee. C C00012328		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. International Assoc. of Firefighters PAC		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 1750 New York Ave, NW		Transaction ID: 50414.C6544
City Washington	State DC	Zip Code 20008-
FEC ID number of contributing federal political committee. C C00029447		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 12 / 41

(check only one)

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

Full Name (Last, First, Middle Initial) A. International Assoc. of Firefighters PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2005
Mailing Address 175D New York Ave, NW		Transaction ID: 50712.C6612
City	State	Zip Code
Washington	DC	20006-
FEC ID number of contributing federal political committee. C C00029447		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. IUPAT - Political Action Together		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2005
Mailing Address 175D New York Ave., NW		Transaction ID: 50712.C6610
City	State	Zip Code
Washington	DC	20006-
FEC ID number of contributing federal political committee. C C00349035		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Minnesota Sugar PAC		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2005
Mailing Address PO Box 500		Transaction ID: 50414.C6538
City	State	Zip Code
Renville	MN	56284-0500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 41

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Nat. Assn. of Wheat Growers -WheatPAC		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 415 2nd Street, NE Suite 300		Transaction ID: 50712.C6613
City Washington	State DC	Zip Code 20002-
FEC ID number of contributing federal political committee. C C00139864		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. National Assn. of Letter Carriers		Date of Receipt M / D / Y 05 / 03 / 2005
Mailing Address 100 Indiana Avenue, NW		Transaction ID: 50614.C6546
City Washington	State DC	Zip Code 20001-
FEC ID number of contributing federal political committee. C CD0023580		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. National Council of Farmer Cooperatives		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 50 F Street, NW, Suite 800		Transaction ID: 50414.C6542
City Washington	State DC	Zip Code 20001-
FEC ID number of contributing federal political committee. C CD0002238		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 41

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. National Turkey Federation PAC		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address 1225 New York Ave NW Ste 400		Transaction ID: 50614.C6602
City Washington	State DC	Zip Code 20005-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Persons Corp PAC		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 100 W Walnut Street		Transaction ID: 50414.C6540
City Pasadena	State CA	Zip Code 91124-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. RAILPAC		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 50 F Street, NW		Transaction ID: 50414.C6536
City Washington	State DC	Zip Code 20001-
FEC ID number of contributing federal political committee. C CD0280743		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 41

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Realtors PAC		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 430 N Michigan Avenue		Transaction ID: 50712.C6606
City Chicago	State IL	Zip Code 60611-
FEC ID number of contributing federal political committee. C C00030718		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. RJR PAC		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 1201 F Street, NW Suite 1000		Transaction ID: 50712.C6616
City Washington	State DC	Zip Code 20004-
FEC ID number of contributing federal political committee. C C00042002		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. SBC EMPAC		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 175 E. Houston		Transaction ID: 50712.C6611
City San Antonio	State TX	Zip Code 78205-
FEC ID number of contributing federal political committee. C C00109017		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 41

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Transport Workers Union		Date of Receipt M / D / Y 06 / 27 / 2005
Mailing Address Political Contributions Committee 1700 Broadway, 2nd Floor		Transaction ID: 50712.C6605
City State Zip Code New York NY 10019-5805	FEC ID number of contributing federal political committee. C C00135475	Amount of Each Receipt this Period 1000.00
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) B. Transportation Trades, AFL-CIO PAC		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 888 16th Street, NW Suite 850		Transaction ID: 50712.C6617
City State Zip Code Washington DC 20006-	FEC ID number of contributing federal political committee. C C00280809	Amount of Each Receipt this Period 1000.00
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	32500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 41

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Mark Christoff		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address 419 N. Gilbert		Transaction ID: 50614.C6578
City Danville	State IL	Zip Code 61832-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kapella & Christoff	Occupation Attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. David Howard		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 3515 Willow Green Court		Transaction ID: 50414.C6535
City Oakton	State VA	Zip Code 22124-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Ultra Electronics Ocean System	Occupation Executive Program Manager	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Louis Mervis		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 2001 N. Logan		Transaction ID: 50814.C6586
City Danville	State IL	Zip Code 61832-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer retired	Occupation Retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

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

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Marsha & Tuck Meyer		Date of Receipt M / D / Y 06 / 01 / 2005
Mailing Address 11 E North Street		Transaction ID: 50614.C6573
City Danville	State IL	Zip Code 61832-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Requested Info Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Requested Info Election Cycle-to-Date ▼ 250.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) B. Steve Miller		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address 1127 Lakeridge Rd		Transaction ID: 50614.C6577
City Danville	State IL	Zip Code 61832-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Requested Info Acton & Snyder Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Requested Info Attorney Election Cycle-to-Date ▼ 250.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) C. Karen Onet		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address 182 Thornhill Dr		Transaction ID: 50614.C6580
City Danville	State IL	Zip Code 61832-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 41
 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full) Friends of Tim Jahnsan	
Full Name (Last, First, Middle Initial) A. David Thompson	Date of Receipt M / D / Y U / U / Y M / Y Y 04 / 12 / 2005
Mailing Address 2400 S. Culpeper Street	Transaction ID: 50414.C6541
City State Zip Code Arlington VA 22206-	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Name of Employer Capital Hill Consulting Group Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Lobbyist Election Cycle-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	3500.00

**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)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. VictoryStore.com	Transaction ID: 50816.E2160 Date of Disbursement 06 / 14 / 2005
Mailing Address Victory Enterprise Center 5200 SW 30th St, Suite 7 City State Zip Code Davenport IA 52802- Purpose of Disbursement Magentic Signs Candidate Name	Amount of Each Disbursement this Period 270.48 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbursement For: Senate Primary General President State: District Other (specify) ▼	006 Category/ Type MAGENTIC SIGNS

Full Name (Last, First, Middle Initial) B. Ameren IP	Transaction ID: 50814.E2123 Date of Disbursement 04 / 15 / 2005
Mailing Address P.O. Box 511 City State Zip Code Decatur IL 62525- Purpose of Disbursement Utilities Candidate Name	Amount of Each Disbursement this Period 45.64 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbursement For: Senate Primary General President State: District Other (specify) ▼	001 Category/ Type UTILITIES

Full Name (Last, First, Middle Initial) C. Ameren IP	Transaction ID: 50814.E2149 Date of Disbursement 05 / 17 / 2005
Mailing Address P.O. Box 511 City State Zip Code Decatur IL 62525- Purpose of Disbursement Utilities Candidate Name	Amount of Each Disbursement this Period 38.60 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbursement For: Senate Primary General President State: District Other (specify) ▼	001 Category/ Type UTILITIES

SUBTOTAL of Disbursements This Page (optional) ► **355.72**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Ameren IP

Mailing Address P.O. Box 511

City Decatur State IL Zip Code 62525-

Purpose of Disbursement
Utilities

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 50816.E2159

Date of Disbursement

06 / 14 / 2005

Amount of Each Disbursement this Period

49.74

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

UTILITIES

Full Name (Last, First, Middle Initial)

B. Busey Bank

Mailing Address 201 W. Main

City Urbana State IL Zip Code 61801-

Purpose of Disbursement
Interest Payment

Candidate Name

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

State: District

009
Category/
Type

Transaction ID: 50814.E2125

Date of Disbursement

04 / 15 / 2005

Amount of Each Disbursement this Period

928.48

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

INTEREST PAYMENT

Full Name (Last, First, Middle Initial)

C. Busey Bank

Mailing Address 201 W. Main

City Urbana State IL Zip Code 61801-

Purpose of Disbursement
Interest Payment

Candidate Name

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

State: District

009
Category/
Type

Transaction ID: 50714.E2190

Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

928.48

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

INTEREST PAYMENT

SUBTOTAL of Disbursements This Page (optional) ▶

1900.70

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Busey Bank

Mailing Address 201 W. Main

City Urbana State IL Zip Code 61801-

Purpose of Disbursement
 Interest Payment

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

009
 Category/
 Type

Transaction ID: 50816.E2161
 Date of Disbursement

06 / 14 / 2005

Amount of Each Disbursement this Period

959.44

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

INTEREST PAYMENT

Full Name (Last, First, Middle Initial)

B. Commerce Champaign Chamber of

Mailing Address 1817 S. Neil Street

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
 Membership

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

004
 Category/
 Type

Transaction ID: 50814.E2154
 Date of Disbursement

06 / 09 / 2005

Amount of Each Disbursement this Period

230.00

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

MEMBERSHIP

Full Name (Last, First, Middle Initial)

C. Country Mutual

Mailing Address PO Box 2100

City Bloomington State IL Zip Code 61702-

Purpose of Disbursement
 Insurance

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50414.E2117
 Date of Disbursement

04 / 12 / 2005

Amount of Each Disbursement this Period

250.00

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

INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶

1439.44

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Danville Boat Club

Mailing Address 15750 Boat Club Dr

City Danville State IL Zip Code 61834-

Purpose of Disbursement
Fundraising Expense

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: 50814.E2155

Date of Disbursement

06 / 08 / 2005

Amount of Each Disbursement this Period

750.00

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

FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial)

B. Devonshire Realty

Mailing Address PO Box 140

City Champaign State IL Zip Code 61824-0140

Purpose of Disbursement
Rent

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 50414.E2120

Date of Disbursement

04 / 14 / 2005

Amount of Each Disbursement this Period

575.00

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

RENT

Full Name (Last, First, Middle Initial)

C. Devonshire Realty

Mailing Address PO Box 140

City Champaign State IL Zip Code 61824-0140

Purpose of Disbursement
Rent

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 50814.E2142

Date of Disbursement

05 / 03 / 2005

Amount of Each Disbursement this Period

575.00

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

RENT

SUBTOTAL of Disbursements This Page (optional) ▶

1900.00

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 24 / 41

<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. Devonshire Realty

Mailing Address PO Box 140

City Champaign State IL Zip Code 61824-0140

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 50816.E2164

Date of Disbursement

06 / 14 / 2005

Amount of Each Disbursement this Period

575.00

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

RENT

Full Name (Last, First, Middle Initial)

B. Director of Employment Security

Mailing Address 850 East Madison Street

City Springfield State IL Zip Code 62702-

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 50814.E2136

Date of Disbursement

04 / 26 / 2005

Amount of Each Disbursement this Period

284.74

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

TAXES

Full Name (Last, First, Middle Initial)

C. Dan Moyer Boys & Girls Club

Mailing Address 201 E. Park Street

City Champaign State IL Zip Code 61824-

Purpose of Disbursement
Charitable Donations

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

012
Category/
Type

Transaction ID: 50814.E2147

Date of Disbursement

05 / 10 / 2005

Amount of Each Disbursement this Period

250.00

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

CHARITABLE DONATIONS

SUBTOTAL of Disbursements This Page (optional) ▶

1109.74

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. First State Bank of Monticello

Mailing Address 201 West Main Street
 PO Box 280

City Monticello State IL Zip Code 61856-

Purpose of Disbursement
 Accrued Interest

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/Type
 009

Transaction ID: 50712.E2184
 Date of Disbursement
 04 / 01 / 2005

Amount of Each Disbursement this Period
 3419.70

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

ACCURED INTEREST

Full Name (Last, First, Middle Initial)
B. Illinois Department of Rev

Mailing Address Willard Ice Bldg.
 101 West Jefferson

City Springfield State IL Zip Code 62702-

Purpose of Disbursement
 Taxes

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/Type
 001

Transaction ID: 50614.E2134
 Date of Disbursement
 04 / 28 / 2005

Amount of Each Disbursement this Period
 181.74

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

TAXES

Full Name (Last, First, Middle Initial)
C. Keelen Communications

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement
 Fundraising Expense

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/Type
 003

Transaction ID: 50614.E2138
 Date of Disbursement
 04 / 28 / 2005

Amount of Each Disbursement this Period
 420.00

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

FUNDRAISING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **4015.44**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Keelen Communications

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement
 Fundraising Expense

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 003

Transaction ID: 50814.E2139
 Date of Disbursement
 04 / 28 / 2005

Amount of Each Disbursement this Period
 600.00

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

FUNDRAISING EXPENSE

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

Mailing Address 2404 Windward Blvd Apt 203 #204

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
 Travel Reimbursement

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 002

Transaction ID: 50814.E2130
 Date of Disbursement
 04 / 28 / 2005

Amount of Each Disbursement this Period
 50.20

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

TRAVEL REIMBURSEMENT

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

Mailing Address 2404 Windward Blvd Apt 203 #204

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: 50814.E2129
 Date of Disbursement
 04 / 28 / 2005

Amount of Each Disbursement this Period
 1428.06

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

SALARY

SUBTOTAL of Disbursements This Page (optional) ▶ **2087.26**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Brian Kelly

Mailing Address 2404 Windward Blvd Apt 203
#204

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 50814.E2153

Date of Disbursement

05 / 26 / 2005

Amount of Each Disbursement this Period

1428.06

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

SALARY

Full Name (Last, First, Middle Initial)

B. Brian Kelly

Mailing Address 2404 Windward Blvd Apt 203
#204

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

002
Category/
Type

Transaction ID: 50814.E2156

Date of Disbursement

06 / 08 / 2005

Amount of Each Disbursement this Period

114.70

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

TRAVEL REIMBURSEMENT

Full Name (Last, First, Middle Initial)

C. Brian Kelly

Mailing Address 2404 Windward Blvd Apt 203
#204

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 50712.E2173

Date of Disbursement

06 / 27 / 2005

Amount of Each Disbursement this Period

1428.06

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

SALARY

SUBTOTAL of Disbursements This Page (optional) ▶

2970.82

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Main Street Bank & Trust

Mailing Address 100 W. University Avenue

City Champaign State IL Zip Code 61820-

Purpose of Disbursement Taxes

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50814.E2133
 Date of Disbursement
 04 / 26 / 2005

Amount of Each Disbursement this Period
 1569.29

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

TAXES

Full Name (Last, First, Middle Initial)
B. Main Street Bank & Trust

Mailing Address 100 W. University Avenue

City Champaign State IL Zip Code 61820-

Purpose of Disbursement Taxes

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50814.E2137
 Date of Disbursement
 04 / 26 / 2005

Amount of Each Disbursement this Period
 48.47

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

TAXES

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

Mailing Address 2501 Galen Dr

City Champaign State IL Zip Code 61820-

Purpose of Disbursement Tax Services

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50814.E2132
 Date of Disbursement
 04 / 26 / 2005

Amount of Each Disbursement this Period
 500.00

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

TAX SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶ **2117.76**

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

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

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NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Betsy Mitchell

Mailing Address 310 Floral Park Dr.

City Savoy State IL Zip Code 61874-

Purpose of Disbursement
 Consultant Fee

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

003
 Category/
 Type

Transaction ID: 50712.E2174
 Date of Disbursement

06 / 27 / 2005

Amount of Each Disbursement this Period

624.00

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

CONSULTANT FEE

Full Name (Last, First, Middle Initial)

B. Patton Boggs

Mailing Address 2550 M Street, NW

City Washington State DC Zip Code 20037-1350

Purpose of Disbursement
 Legal Services

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50614.E2141
 Date of Disbursement

06 / 09 / 2005

Amount of Each Disbursement this Period

154.45

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

LEGAL SERVICES

Full Name (Last, First, Middle Initial)

C. SBC

Mailing Address 225 W Randolph St
 Floor 27A

City Chicago State IL Zip Code 60606-

Purpose of Disbursement
 Phone Service

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50614.E2126
 Date of Disbursement

04 / 19 / 2005

Amount of Each Disbursement this Period

142.04

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

920.49

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

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

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

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. SBC

Mailing Address 225 W Randolph St
Floor 27A

City Chicago State IL Zip Code 60606-

Purpose of Disbursement
Phone Service

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 50814.E2152

Date of Disbursement

05 / 24 / 2005

Amount of Each Disbursement this Period

141.28

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

B. SBC

Mailing Address 225 W Randolph St
Floor 27A

City Chicago State IL Zip Code 60606-

Purpose of Disbursement
Phone Service

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 50712.E2170

Date of Disbursement

06 / 21 / 2005

Amount of Each Disbursement this Period

161.33

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

C. Jason Shelby

Mailing Address 6402 Birchwood Lane

City Decatur State IL Zip Code 62521-

Purpose of Disbursement
Salary

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 50814.E2143

Date of Disbursement

05 / 03 / 2005

Amount of Each Disbursement this Period

98.28

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

SALARY

SUBTOTAL of Disbursements This Page (optional) ▶

400.89

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Jason Shelby

Mailing Address 6402 Birchwood Lane

City Decatur State IL Zip Code 62521-

Purpose of Disbursement
Salary

Candidate Name

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

001
Category/
Type

Transaction ID: 50712.E2176
Date of Disbursement

06 / 02 / 2005

Amount of Each Disbursement this Period

228.39

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

SALARY

Full Name (Last, First, Middle Initial)

B. Jason Shelby

Mailing Address 6402 Birchwood Lane

City Decatur State IL Zip Code 62521-

Purpose of Disbursement
Salary

Candidate Name

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

001
Category/
Type

Transaction ID: 50712.E2175
Date of Disbursement

06 / 29 / 2005

Amount of Each Disbursement this Period

992.29

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

SALARY

Full Name (Last, First, Middle Initial)

C. Upclose Printing

Mailing Address 714 S. 8th

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
Printing

Candidate Name

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

003
Category/
Type

Transaction ID: 50814.E2150
Date of Disbursement

05 / 17 / 2005

Amount of Each Disbursement this Period

444.95

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

PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶

1665.63

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
 Phone Service

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50414.E2118
 Date of Disbursement
 04 / 12 / 2005

Amount of Each Disbursement this Period
 59.83

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)
B. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
 Phone Service

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50614.E2124
 Date of Disbursement
 04 / 15 / 2005

Amount of Each Disbursement this Period
 180.93

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)
C. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
 Phone Service

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50614.E2128
 Date of Disbursement
 04 / 26 / 2005

Amount of Each Disbursement this Period
 150.00

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶ **390.76**

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
Phone Service

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 50814.E2146

Date of Disbursement

05 / 10 / 2005

Amount of Each Disbursement this Period

150.00

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
Phone Service

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 50814.E2146

Date of Disbursement

05 / 10 / 2005

Amount of Each Disbursement this Period

59.86

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
Phone Service

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 50814.E2146

Date of Disbursement

05 / 17 / 2005

Amount of Each Disbursement this Period

178.02

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

387.88

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
 Phone Service

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50816.E2157

Date of Disbursement

06 / 14 / 2005

Amount of Each Disbursement this Period

59.88

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
 Phone Service

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50816.E2158

Date of Disbursement

06 / 14 / 2005

Amount of Each Disbursement this Period

191.08

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
 Phone Service

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50712.E2169

Date of Disbursement

06 / 21 / 2005

Amount of Each Disbursement this Period

150.00

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

400.94

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

22063.47

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input checked="" 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 Jahnsan

Full Name (Last, First, Middle Initial)

A. First State Bank of Monticello

Mailing Address 201 West Main Street
 PO Box 280

City Monticello State IL Zip Code 61856-

Purpose of Disbursement
 Repay Loan Made/Guar. by Cand 009 Repaym

Candidate Name

Office Sought:	House	Disbursement For:	2006
	Senate	<input checked="" type="checkbox"/> Primary	General
	President	Other (specify) ▼	

State: District

Category/
 Type

Transaction ID: 50411.E2115

Date of Disbursement

04 / 01 / 2005

Amount of Each Disbursement this Period

100000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

100000.00

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

100000.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 36 / 41
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LS50714.08626

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

TERMS	Date Incurred 01 st 24 th 2000	Date Due 20090521	Interest Rate 8.000 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial) Timothy V. Johnson	Name of Employer		
Mailing Address 413 Berringer Circle	Occupation		
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding:	99274.88	
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		

SUBTOTALS This Period This Page (optional)	99274.88
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 37 / 41
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LS50714.08625

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

TERMS	Date Incurred 03 09 2000	Date Due 20090521	Interest Rate 6.000 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial) Timothy Johnson	Name of Employer		
Mailing Address 413 Berringer Circle	Occupation Attorney		
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding:	40000.00	
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		

SUBTOTALS This Period This Page (optional)	40000.00
TOTALS This Period (last page in this line only)	
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 38 / 41
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LS50714.08623

LOAN SOURCE Full Name (Last, First, Middle Initial) First State Bank of Monticello	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 201 West Main Street PO Box 260			
City Monticello State IL ZIP Code 61856-			
Original Amount of Loan 100000.00	Cumulative Payment To Date 100000.00	Balance Outstanding at Close of This Period 0.00	

TERMS	Date Incurred 10 th 05 th 2000	Date Due 20051005	Interest Rate 7.000 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial) Timothy V. Johnson	Name of Employer		
Mailing Address 413 Berringer Circle	Occupation		
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding:	0.00	
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	139274.88
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C-1

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 information found on
 Page 35 / 41 of Schedule C

Federal Election Commission, Washington, D.C. 20463

Name of Committee (in Full) Friends of Tim Johnson		FEC IDENTIFICATION NUMBER C00350421	
Back Ref ID: LS50714.C6628			
LENDING INSTITUTION (LENDER) Full Name Busey Bank		Amount of Loan 140000.00	Interest Rate (APR) 8.000 %
Mailing Address 201 W. Main		Date Incurred or Established 05 21 2005	
City Urbana	State Zip Code IL 61801-	Date Due 20060521	
A. Has loan been restructured? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		If yes, date originally incurred : 03 09 2000	
B. If line of credit. Amount of this Draw: 0.00		Total Outstanding balance : 99274.88	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>Certificates of Deposit</u>		What is the value of this collateral? 150441.14 Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? 0.00	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: 10 01 1999		Location of account Main Street Bank & Trust Address: PO Box 4028 City, State, Zip: Champaign IL 61824	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name James P. Bray Signature _____		DATE 05 31 2005	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Wade Denby Signature _____		DATE 05 31 2005	
Title Vice President			

SCHEDULE C-1

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
information found on
Page 40 / 41 of Schedule C

Federal Election Commission, Washington, D.C. 20463

Name of Committee (in Full) Friends of Tim Johnson		FEC IDENTIFICATION NUMBER C00350421	
Back Ref ID: LS50714.C6625			
LENDING INSTITUTION (LENDER) Full Name Busey Bank		Amount of Loan 140000.00	Interest Rate (APR) 8.000 %
Mailing Address 201 W. Main		Date Incurred or Established 05 21 2005	
City Urbana	State Zip Code IL 61801-	Date Due 20060521	
A. Has loan been restructured? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		If yes, date originally incurred : 03 09 2000	
B. If line of credit. Amount of this Draw: 0.00		Total Outstanding balance : 40000.00	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Sch. C)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>Certificates of Deposit</u>		What is the value of this collateral? 150441.14 Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? 0.00	
A depository account must be established pursuant to 11 CFR 100.82 and 100.142. Date account established: 10 01 1999		Location of account Main Street Bank & Trust Address: PO Box 4028 City, State, Zip: Champaign IL 61824	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name James P. Bray Signature _____		DATE 05 31 2005	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Wade Denby Signature _____		DATE 05 31 2005	
Title Vice President			

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

(Use separate schedule(s) for each numbered line)	PAGE 41 / 41
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Busey Bank			Nature of Debt (Purpose): 009 Accrued Interest
Mailing Address 201 W. Main			
City Urbana	State IL	ZIP Code 61801-	
Outstanding Balance Beginning This Period 0.00			Transaction ID: 6LS50614.E2125
Amount Incurred This Period 2785.00	Payment This Period 2816.40	Outstanding Balance at Close of This Period -31.40	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor First State Bank of Monticello			Nature of Debt (Purpose): 009 One day over Accrued Interest
Mailing Address 201 West Main Street PO Box 260			
City Monticello	State IL	ZIP Code 61856-	
Outstanding Balance Beginning This Period 3420.00			Transaction ID: LS50712.E2184
Amount Incurred This Period -6.30	Payment This Period 3413.70	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional)	▶	-31.40
2) TOTALS This Period (last page this line number only)	▶	-31.40
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	