

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

Friends of Tim Johnson

ADDRESS (number and street)

PO Box 17087

Check if different than previously reported. (ACC)

Urbana

IL

61803

2. **FEC IDENTIFICATION NUMBER**

C00350421

CITY

STATE

ZIP CODE

STATE DISTRICT

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

IL 15

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)  General (12G) Runoff (12R)  
Convention (12C) Special (12S)

Election on 11 02 2004 in the State of IL

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

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 10 01 2004 through 10 13 2004

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

Type or Print Name of Treasurer James P. Bray

Signature of Treasurer Electronically Filed by James P. Bray Date 10 19 2004

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

Office  
Use  
Only

**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Tim Johnson

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y  
1 0 0 1 2 0 0 4 1 0 1 3 2 0 0 4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(a)).....	17190.00	468305.89
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	17190.00	468105.89
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	19956.72	272298.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1256.89
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19956.72	271041.11
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>238252.41</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>238521.10</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name  
Friends of Tim Jahnsan

Report Covering the Period: From: <sup>M M</sup> 1 0 <sup>D J</sup> 0 1 <sup>Y Y Y</sup> 2 0 0 4 To: <sup>V V</sup> 1 0 <sup>U J</sup> 1 3 <sup>Y Y Y</sup> 2 0 0 4

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2675.00	
(ii) Unitemized.....	3015.00	
(iii) TOTAL of contributions	5690.00	204031.84
from individuals..... ▶		
(b) Political Party Committees.....	0.00	1392.39
(c) Other Political Committees (such as PACS).....	11500.00	262881.66
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	17190.00	468305.89
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	1256.89
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	17190.00	469562.78

**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.....	19956.72	272298.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	100301.54
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	100301.54
<hr/>		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	200.00
(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	200.00
<hr/>		
21. OTHER DISBURSEMENTS.....	0.00	5549.00
<hr/>		
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) [ > ]	19956.72	378348.54

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	241019.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	17190.00
25. SUBTOTAL (add Line 23 and Line 24).....	258209.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19956.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	238252.41

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

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

FOR LINE NUMBER: PAGE 6 / 10

(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

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. <b>Conagra Good Government Assoc.</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address One Conagra Drive		Transaction ID: 41013.C6332
City Omaha	State NE	Zip Code 68102-5001
FEC ID number of contributing federal political committee. <b>C</b> C00087874		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: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. <b>IUPAT - Political Action Together</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 175D New York Ave., NW		Transaction ID: 41013.C6333
City Washington	State DC	Zip Code 20006-
FEC ID number of contributing federal political committee. <b>C</b> C00349035		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) C. <b>The American Institute of Architects</b>		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address 1735 New York Ave, NW		Transaction ID: 41008.C6277
City Washington	State DC	Zip Code 20006-
FEC ID number of contributing federal political committee. <b>C</b> C00139071		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: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 6 / 10

(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. <b>Nat. Assoc. of Retired Fed. Employees</b>		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address (NARFE) 606 N Washington St		Transaction ID: 41008.C6280
City Alexandria	State VA	Zip Code 22314-
FEC ID number of contributing federal political committee. <b>C</b> C00091561		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. <b>SBC EMPAC</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 175 E. Houston		Transaction ID: 41013.C6329
City San Antonio	State TX	Zip Code 78205-
FEC ID number of contributing federal political committee. <b>C</b> C00109017		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: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 8500.00	

Full Name (Last, First, Middle Initial) C. <b>American Meat Institute PAG</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 1150 Connecticut Ave, NW		Transaction ID: 41013.C6330
City Washington	State DC	Zip Code 20038-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Transportation Trades AFL-CIO PAC		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 888 18th Street, NW Suite 650		Transaction ID: 41014.C6351
City Washington	State DC	Zip Code 20006-
FEC ID number of contributing federal political committee. C C00280809		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: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	1000.00
TOTAL This Period (last page this line number only) .....	▶	11500.00

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

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

FOR LINE NUMBER: PAGE 8 / 10

(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. Richard Davidson		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address 703 North Niles Street		Transaction ID: 41008.C6317
City Tuscola	State IL	Zip Code 61853-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 175.00
Name of Employer Self	Occupation Dentist	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Gwen Ennen		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address 2 Meridian Terrace		Transaction ID: 41008.C6283
City Paxton	State IL	Zip Code 60957-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Fiorillo & Associates	Occupation Attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Bob Frederick		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address 129 West Main Street		Transaction ID: 41008.C6300
City Urbana	State IL	Zip Code 61801-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 175.00
Name of Employer Frederick & Hagle	Occupation Attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2175.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>475.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 9 / 10

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

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NAME OF COMMITTEE (In Full)  
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) <b>A. Robert Lee</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 999 Country Rd. 2500 E		Transaction ID: 1004200424C8271
City Homer	State IL	Zip Code 61849-9731
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation Retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. Harrison McCown</b>		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address PO Box 258		Transaction ID: 41008.C6307
City Tuscola	State IL	Zip Code 61853-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Louis Meris</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 2001 N. Logan		Transaction ID: 1004200424C8272
City Danville	State IL	Zip Code 61832-
FEC ID number of contributing federal political committee. <b>C</b>		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: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2250.00	

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

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

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

FOR LINE NUMBER: PAGE 10 / 10

(check only one)

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

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NAME OF COMMITTEE (In Full)  
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Sybil Mervis		Date of Receipt M / D / Y Y Y Y 10 / 04 / 2004
Mailing Address 2001 N Logan		Transaction ID: 1004200424C6273
City Danville	State IL	Zip Code 61832-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Homemaker	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Ed Scheff		Date of Receipt M / D / Y Y Y Y 10 / 08 / 2004
Mailing Address 301 Sherwin Drive		Transaction ID: 41008.C6291
City Urbana	State IL	Zip Code 61802-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Busey Bank	Occupation Banker	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	750.00
TOTAL This Period (last page this line number only) .....	▶	2675.00

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

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

FOR LINE NUMBER:  
 (check only one)

PAGE 11 / 19

<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. Superior Printing**

Mailing Address 1303 North Harris Street

City Champaign State IL Zip Code 61820-

Purpose of Disbursement  
 Envelopes

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

006  
 Category/  
 Type

Transaction ID: 1004200424E1940  
 Date of Disbursement

10 / 04 / 2004

Amount of Each Disbursement this Period

390.00

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

ENVELOPES

Full Name (Last, First, Middle Initial)

**B. Ameren IP**

Mailing Address P.O. Box 511

City Decatur State IL Zip Code 62525-

Purpose of Disbursement  
 Utilities

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

001  
 Category/  
 Type

Transaction ID: 41013.E1947  
 Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

40.47

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

UTILITIES

Full Name (Last, First, Middle Initial)

**C. Busey Bank**

Mailing Address 201 W. Main

City Urbana State IL Zip Code 61801-

Purpose of Disbursement  
 Interest Payment

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General  
 Other (specify) ▼

009  
 Category/  
 Type

Transaction ID: 1004200424E1939  
 Date of Disbursement

10 / 04 / 2004

Amount of Each Disbursement this Period

780.22

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

INTEREST PAYMENT

SUBTOTAL of Disbursements This Page (optional) ▶

1228.69

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

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

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

FOR LINE NUMBER:  
 (check only one)

PAGE 12 / 19

<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  
 Disbursement For: Primary General Other (specify) ▼

State: District

009  
 Category/  
 Type

Transaction ID: 41013.E1948

Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

781.19

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

INTEREST PAYMENT

Full Name (Last, First, Middle Initial)

**B. Federal Express**

Mailing Address 2001 Federal Way

City Urbana State IL Zip Code 61801-

Purpose of Disbursement  
 Postage

Candidate Name

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

State: District

001  
 Category/  
 Type

Transaction ID: 41013.E1948

Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

17.47

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

POSTAGE

Full Name (Last, First, Middle Initial)

**C. First State Bank of Manticella**

Mailing Address 201 West Main Street  
 PO Box 260

City Manticella State IL Zip Code 61858-

Purpose of Disbursement  
 Accrued Interest

Candidate Name

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

State: District

009  
 Category/  
 Type

Transaction ID: 41013.E1950

Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

7000.00

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

ACCRUED INTEREST

SUBTOTAL of Disbursements This Page (optional) ▶

7798.66

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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. McLaughlin & Associates

Mailing Address 919 Prince St

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
Polling Expenses

Candidate Name

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

State: District

005  
Category/  
Type

Transaction ID: 1004200424E1938  
Date of Disbursement

10 / 04 / 2004

Amount of Each Disbursement this Period

10275.00

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

POLLING EXPENSES

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  
Disbursement For: Primary General Other (specify) ▼

State: District

001  
Category/  
Type

Transaction ID: 41013.E1949  
Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

356.25

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

LEGAL SERVICES

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: 1006200440E1944  
Date of Disbursement

10 / 06 / 2004

Amount of Each Disbursement this Period

110.80

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

10742.05

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

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

Use separate schedule(s)  
 for each category of the  
 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: 41013.E1845

Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

58.87

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

58.87

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

19828.27

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 15 / 18
	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: LS51014.08347

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

<b>TERMS</b>	Date Incurred 01 <sup>st</sup> 24 <sup>th</sup> 2000	Date Due 20050521	Interest Rate 6.750 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------	---	----------------------	--------------------------------	---

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

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

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 16 / 18
	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: LS51014.08348

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

<b>TERMS</b>	Date Incurred 03 <sup>rd</sup> 09 <sup>th</sup> 2000	Date Due 20050521	Interest Rate 6.750 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

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



**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 17 / 18
	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: LS102020002C2771

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

<b>TERMS</b>	<b>Date Incurred</b>	<b>Date Due</b>	<b>Interest Rate</b>	<b>Secured:</b>
	10 <sup>th</sup> 05 <sup>th</sup> 2000	20041005	7.000 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>List All Endorsers or Guarantors (if any) to Loan Source</b>			
<b>Full Name (Last, First, Middle Initial)</b> Timothy V. Johnson	<b>Name of Employer</b>		
<b>Mailing Address</b> 413 Berringer Circle	<b>Occupation</b>		
<b>City</b> Urbana <b>State</b> IL <b>ZIP Code</b> 61802-	<b>Amount Guaranteed Outstanding:</b>	100000.00	
<b>Full Name (Last, First, Middle Initial)</b>	<b>Name of Employer</b>		
<b>Mailing Address</b>	<b>Occupation</b>		
<b>City</b> <b>State</b> <b>ZIP Code</b>	<b>Amount Guaranteed Outstanding:</b>		
<b>Full Name (Last, First, Middle Initial)</b>	<b>Name of Employer</b>		
<b>Mailing Address</b>	<b>Occupation</b>		
<b>City</b> <b>State</b> <b>ZIP Code</b>	<b>Amount Guaranteed Outstanding:</b>		
<b>Full Name (Last, First, Middle Initial)</b>	<b>Name of Employer</b>		
<b>Mailing Address</b>	<b>Occupation</b>		
<b>City</b> <b>State</b> <b>ZIP Code</b>	<b>Amount Guaranteed Outstanding:</b>		

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>100000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>239274.88</b>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**SCHEDULE C-1**

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 information found on  
 Page 18 / 19 of Schedule C

Federal Election Commission, Washington, D.C. 20463

Name of Committee (in Full) <b>Friends of Tim Johnson</b>		<b>FEC IDENTIFICATION NUMBER</b> C00350421	
Back Ref ID: LS102020002C2771			
LENDING INSTITUTION (LENDER) Full Name First Bank of Monticello	Amount of Loan  100000.00	Interest Rate (APR)  7.000 %	
Mailing Address 201 W Main Street	Date Incurred or Established  10 05 2004	Date Due 20051005	
City Monticello	State IL	Zip Code 61856-	

A. Has loan been restructured?  No  Yes If yes, date originally incurred : 10 05 2001

B. If line of credit.  
 Amount of this Draw: 0.00 Total Outstanding balance : 0.00

C. Are other parties secondarily liable for the debt incurred?  
 No  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?  
 No  Yes If yes, specify: Certificates of Deposit  
 What is the value of this collateral? 112849.26  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  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: Bank of Illinois  
 Address: P O 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 DATE 10 18 2004  
 Signature

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		DATE	
Typed Name Paul Kommer	Title Vice President	10	15 2004
Signature			

**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 19 / 19
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Busey Bank		Nature of Debt (Purpose): 009 Accrued Interest	
Mailing Address 201 W. Main			
City	State	ZIP Code	
Urbana	IL	61801-	
Outstanding Balance Beginning This Period		Transaction ID: LS1004200424E1939	
277.63			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
309.00	1570.41	-983.78	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor First State Bank of Monticello		Nature of Debt (Purpose): 009 Accrued Interest	
Mailing Address 201 West Main Street PO Box 260			
City	State	ZIP Code	
Monticello	IL	61856-	
Outstanding Balance Beginning This Period		Transaction ID: LS41D13.E1950	
7000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
230.00	7000.00	230.00	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	<b>-753.78</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	<b>-753.78</b>
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	