

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Friends of Tim Johnson

ADDRESS (number and street) PO Box 17097

Check if different than previously reported. (ACC)

Urbana IL 61803

2. **FEC IDENTIFICATION NUMBER** C00350421

CITY STATE ZIP CODE STATE DISTRICT

IL 15

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

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 07 01 2008 through 09 30 2008

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

Type or Print Name of Treasurer Brian Kelly

Signature of Treasurer Electronically Filed by Brian Kelly Date 10 15 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Tim Johnson

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	47395.00	288128.06
(b) Total Contribution Refunds (from Line 20(d)).....	1100.00	2100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	46295.00	286028.06
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	21326.41	156712.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	642.75
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21326.41	156069.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	160845.24	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	5206.74	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Friends of Tim Johnson

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

8900.00

53504.04

(ii) Unitemized.....

2795.00

48769.56

(iii) TOTAL of contributions

11695.00

102273.60

from individuals..... ▶

100.00

450.00

(b) Political Party Committees.....

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

35600.00

185404.46

(d) The Candidate.....

0.00

0.00

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

47395.00

288128.06

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

642.75

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)..... ▶

47395.00

288770.81

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21326.41	156712.73
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	64373.54
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	64373.54
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1100.00	2100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1100.00	2100.00
21. OTHER DISBURSEMENTS.....	250.00	1000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	22676.41	224186.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	136126.65
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	47395.00
25. SUBTOTAL (add Line 23 and Line 24).....	183521.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22676.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	160845.24

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
ADM PAC

Mailing Address PO Box 1470

City State Zip Code
Decatur IL 62525

FEC ID number of contributing federal political committee. **C** C00093963

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 2 3 / 2 0 0 8

Transaction ID: 81015.C8431

Amount of Each Receipt this Period
3000.00

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

B. Full Name (Last, First, Middle Initial)
AFSCME

Mailing Address 1625 L Street N.W.

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 8

Transaction ID: 81015.C8411

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
American Airlines PAC

Mailing Address 1101 17th St. NW #600

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00107300

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 8

Transaction ID: 81015.C8412

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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

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

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

FOR LINE NUMBER: PAGE 6 / 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 Johnson

A. Full Name (Last, First, Middle Initial)
American Council of Engineering Co. PAC
Mailing Address 1015 15th Street, NW

City State Zip Code
Washington DC 20005-2605

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 31 / 2008

Transaction ID: 81015.C8410

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
American Hospital Association PAC
Mailing Address 325 Seventh Street, N.W.

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2008

Transaction ID: 81015.C8429

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
American Nurses Association PAC
Mailing Address 8515 Georgia Ave.
Suite 400

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 23 / 2008

Transaction ID: 81015.C8484

Amount of Each Receipt this Period
1000.00

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

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 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 Johnson

A. Full Name (Last, First, Middle Initial)
AOPA PAC
Mailing Address 421 Aviation Way
City State Zip Code
Frederick MD 21701
FEC ID number of contributing federal political committee. **C** C00131185
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00
Date of Receipt MM / DD / YYYY
09 / 30 / 2008
Transaction ID: 81015.C8423
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
APMA Podiatry PAC
Mailing Address 9312 Old Georgetown Rd
City State Zip Code
Bethesda MD 20814-1621
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY
09 / 30 / 2008
Transaction ID: 81015.C8421
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
ARTBA PAC
Mailing Address 1219 28th St. NW
City State Zip Code
Washington DC 20007
FEC ID number of contributing federal political committee. **C** C00118208
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt MM / DD / YYYY
07 / 07 / 2008
Transaction ID: 81015.C8415
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 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 Johnson

A. Full Name (Last, First, Middle Initial)
BNSF RAILPAC

Mailing Address PO Box 961039

City State Zip Code
Fort Worth TX 76161-0039

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: 81015.C8413

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Boilermakers-Blacksmiths PAC

Mailing Address 753 State Ave, Suite 565

City State Zip Code
Kansas City KS 66101-2511

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2008

Transaction ID: 81015.C8485

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Carpenters Legislative Improvement Comm

Mailing Address 101 Constitution Ave., NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2008

Transaction ID: 81015.C8427

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **8500.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 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 Johnson

A. Full Name (Last, First, Middle Initial)
Chesapeake Energy Corp. Federal PAC
Mailing Address PO Box 18576

City State Zip Code
Oklahoma City OK 73112

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 8

Transaction ID: 81015.C8422

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
Dairy Farmers of America, Inc. DEPAC
Mailing Address 10220 N. Executive Hills Blvd

City State Zip Code
Kansas City MO 64153

FEC ID number of contributing federal political committee. **C** C00001388

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 8

Transaction ID: 81015.C8424

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Dealers Election Action Committee
Mailing Address 8400 Westpark Drive

City State Zip Code
Mc Lean VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 0 7 / 2 0 0 8

Transaction ID: 81015.C8414

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for 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 Johnson

A. Full Name (Last, First, Middle Initial)
Dealers Election Action Committee

Mailing Address 8400 Westpark Drive

City State Zip Code
Mc Lean VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: 81015.C8482

Amount of Each Receipt this Period
4000.00

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

B. Full Name (Last, First, Middle Initial)
Douglas & Lisa Watson

Mailing Address 1404 Adobe Drive

City State Zip Code
Pontiac IL 61764

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 25.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: 81015.C8417

Amount of Each Receipt this Period
25.00

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

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

Mailing Address PO Box 805379

City State Zip Code
Chicago IL 60680-5379

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: 81015.C8481

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **5025.00**

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

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

Use separate schedule(s) for 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"/> 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 Johnson

A.	Full Name (Last, First, Middle Initial) Friends of Ray LaHood	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 4238 N. Knoxville Avenue	Transaction ID: 81015.C8426
	City Peoria State IL Zip Code 61614	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00284901	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00	

B.	Full Name (Last, First, Middle Initial) International Assoc. of Firefighters PAC	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 1750 New York Ave, NW	Transaction ID: 81015.C8425
	City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C C00029447	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 6000.00	

C.	Full Name (Last, First, Middle Initial) Kraft Foods Global PAC	Date of Receipt MM / DD / YYYY 09 / 23 / 2008
	Mailing Address 101 Constitution Ave NW	Transaction ID: 81015.C8483
	City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00077701	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 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 Johnson

A. Full Name (Last, First, Middle Initial)
Morris & Jean Leighton

Mailing Address 302 E. Sherwin Drive

City Urbana State IL Zip Code 61802

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 75.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2008

Transaction ID: 81015.C8418

Amount of Each Receipt this Period
75.00

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

B. Full Name (Last, First, Middle Initial)
Natl Assn. of Wheat Growers -WheatPAC

Mailing Address 415 2nd Street, NE Suite 300

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00139964

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2008

Transaction ID: 81015.C8428

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Tate & Lyle PAC

Mailing Address 2200 E Eldorado St

City Decatur State IL Zip Code 62525

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2008

Transaction ID: 81015.C8437

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1575.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 41
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.

Full Name (Last, First, Middle Initial)
Union Pacific Fund PAC

Mailing Address 600 13th St., NW
Suite 340

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2008

Transaction ID: 81015.C8480

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	35600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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 Johnson

A.	Full Name (Last, First, Middle Initial) John Blair		Date of Receipt MM / DD / YYYY 09 / 23 / 2008
	Mailing Address 4 Waters Edge		Transaction ID: 81015.C8445
	City Paris	State IL	Zip Code 61944
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Fentz Contractors, Inc	Occupation Civil Engineer	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Byron & Shirley Boddy		Date of Receipt MM / DD / YYYY 09 / 23 / 2008
	Mailing Address RR 2 Box 167		Transaction ID: 81015.C8476
	City Lovington	State IL	Zip Code 61937
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Self-Employed	Occupation Homemaker	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

C.	Full Name (Last, First, Middle Initial) Harry Clem		Date of Receipt MM / DD / YYYY 09 / 23 / 2008
	Mailing Address P.O. Box 25		Transaction ID: 81015.C8453
	City Urbana	State IL	Zip Code 61803-0025
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer State of Illinois	Occupation Circuit Judge	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

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

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

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

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Bob Frederick

Mailing Address 129 West Main Street

City Urbana State IL Zip Code 61801

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

Name of Employer Frederick & Hagle Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 09 / 23 / 2008
Transaction ID: 81015.C8448
 Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Jeffrey Frederick

Mailing Address 7 Goldfinch

City Savoy State IL Zip Code 61874

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

Name of Employer Johnson, Frank, Frederick, & W Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 23 / 2008
Transaction ID: 81015.C8459
 Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Thomas Frederick

Mailing Address Box 1059

City Batavia State IL Zip Code 60510

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt 07 / 31 / 2008
Transaction ID: 81015.C8402
 Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Richard Grant

Mailing Address 2106 S. Mills Drive

City Urbana State IL Zip Code 61801-6742

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

Name of Employer retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: 81015.C8447

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

B. Full Name (Last, First, Middle Initial)
Jim Hagle

Mailing Address 713 South Elm Blvd.

City Champaign State IL Zip Code 61820-5851

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

Name of Employer Johnson, Frank, Frederick & Wa Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: 81015.C8454

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

C. Full Name (Last, First, Middle Initial)
Patrick Hanlon

Mailing Address 412 Avondale

City Champaign State IL Zip Code 61820

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

Name of Employer Johnson, Frank, Frederick & Wa Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: 81015.C8461

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 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 Johnson

A. Full Name (Last, First, Middle Initial)
Fred Helmuth

Mailing Address 506 E. County Road 300 N

City Arcola State IL Zip Code 61910

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

Name of Employer Okaw Buildings Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 81015.C8407

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Richard James

Mailing Address PO Box 820

City Paris State IL Zip Code 61944

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2008

Transaction ID: 81015.C8444

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
James Jepsen

Mailing Address 827 S Gunderson

City Oak Park State IL Zip Code 60304

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

Name of Employer University of Illinois Occupation Director of Govt. Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2008

Transaction ID: 81015.C8420

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 41

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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 Johnson

A.

Full Name (Last, First, Middle Initial)
Louis Mervis

Mailing Address 2001 N. Logan

City State Zip Code
Danville IL 61832

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	8

Transaction ID: 81015.C8397

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Carl Meyer

Mailing Address 2211 Eagle Ridge Road

City State Zip Code
Champaign IL 61822

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Parkland College Foundation Director

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	8

Transaction ID: 81015.C8458

Amount of Each Receipt this Period
100.00

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

C.

Full Name (Last, First, Middle Initial)
William Minnis

Mailing Address 2247 N 2250th Street

City State Zip Code
Paris IL 61944

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Eastern Illinois University Professor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	8

Transaction ID: 81015.C8443

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) 1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 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 Johnson

A. Full Name (Last, First, Middle Initial)
Chris Patrick

Mailing Address 5566 N 1175th St.

City Paris State IL Zip Code 61944

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

Name of Employer Zimerly Ready Mix Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 23 / 2008

Transaction ID: 81015.C8446

Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
Leland Phipps

Mailing Address 310 W Madison

City Paris State IL Zip Code 61944

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

Name of Employer Self-employed Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2008

Transaction ID: 81015.C8408

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Edwin Pool

Mailing Address 11703 IL Hwy. 1

City Paris State IL Zip Code 61944-8309

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

Name of Employer Information Requested Occupation Retailer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 31 / 2008

Transaction ID: 81015.C8406

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Ed Shlens		Date of Receipt MM / DD / YYYY 09 / 23 / 2008
	Mailing Address 1950 County Rd 150E H		Transaction ID: 81015.C8457
	City Seymour	State IL	Zip Code 61875
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Information Requested	Occupation Information Requested	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00		

B.	Full Name (Last, First, Middle Initial) Jerrold & Natalie Stocks		Date of Receipt MM / DD / YYYY 09 / 23 / 2008
	Mailing Address 500 S. Henderson		Transaction ID: 81015.C8436
	City Mt Zion	State IL	Zip Code 62549
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Information Requested	Occupation Information Requested	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00		

C.	Full Name (Last, First, Middle Initial) John Thompson		Date of Receipt MM / DD / YYYY 09 / 23 / 2008
	Mailing Address 901 Wabash Avenue Suite 300		Transaction ID: 81015.C8442
	City Terre Haute	State IN	Zip Code 47807
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Information Requested	Occupation Information Requested	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 41	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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 Johnson

A.	Full Name (Last, First, Middle Initial) Dennis Wandell		Date of Receipt																					
	Mailing Address 1167 County Road 2400 East		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		2	3		2	0	0	8														
	City State Zip Code Saint Joseph IL 61873		Transaction ID: 81015.C8468																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00																					
Name of Employer Occupation Wandells Nursery Owner		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																						
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 400.00																						

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	8900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 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 Johnson

A.

Full Name (Last, First, Middle Initial)
Crawford County Republican Women

Mailing Address 303 E 14th Street

City State Zip Code
Robinson IL 62454

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2008

Transaction ID: 81015.C8475

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	100.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Champaign County Republican Party Mailing Address 106 W Springfield Ave City Champaign State IL Zip Code 61820- Purpose of Disbursement Political Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 81015.E2930 Date of Disbursement 09 / 08 / 2008 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLITICAL CONTRIBUTION
B.	Full Name (Last, First, Middle Initial) Danville Country Club Mailing Address 2718 Denmark Road City Danville State IL Zip Code 61834- Purpose of Disbursement Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 81015.E2891 Date of Disbursement 07 / 02 / 2008 Amount of Each Disbursement this Period 1857.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING
C.	Full Name (Last, First, Middle Initial) Results Plus Consulting, Inc. Mailing Address PO Box 17452 City Urbana State IL Zip Code 61803- Purpose of Disbursement Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 81015.E2887 Date of Disbursement 07 / 02 / 2008 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶

4107.58

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Results Plus Consulting, Inc.	Transaction ID: 81015.E2904 Date of Disbursement 07 / 31 / 2008
	Mailing Address PO Box 17452	Amount of Each Disbursement this Period 2000.00
	City Urbana State IL Zip Code 61803-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Consulting Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CONSULTING

B.	Full Name (Last, First, Middle Initial) Results Plus Consulting, Inc.	Transaction ID: 81015.E2929 Date of Disbursement 08 / 31 / 2008
	Mailing Address PO Box 17452	Amount of Each Disbursement this Period 2000.00
	City Urbana State IL Zip Code 61803-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Consulting Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CONSULTING

C.	Full Name (Last, First, Middle Initial) Roberts Seafood Market	Transaction ID: 81015.E2922 Date of Disbursement 08 / 12 / 2008
	Mailing Address 1615 West Jefferson	Amount of Each Disbursement this Period 484.50
	City Springfield State IL Zip Code 62702-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Expense Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		FUNDRAISING EXPENSE

SUBTOTAL of Disbursements This Page (optional)	4484.50
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.

Full Name (Last, First, Middle Initial)
Bizou

Transaction ID: 81015.E2936
Date of Disbursement

Mailing Address 259 N. Main

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

City Decatur State IL Zip Code 62523-

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
Fundraising Expense

003

Category/
Type

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FUNDRAISING EXPENSE

B.

Full Name (Last, First, Middle Initial)
AmerenIP

Transaction ID: 81015.E2893
Date of Disbursement

Mailing Address P.O. Box 511

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	8

City Decatur State IL Zip Code 62525-

Amount of Each Disbursement this Period

19.13

Purpose of Disbursement
Utilities

001

Category/
Type

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

UTILITIES

C.

Full Name (Last, First, Middle Initial)
AmerenIP

Transaction ID: 81015.E2912
Date of Disbursement

Mailing Address P.O. Box 511

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	8

City Decatur State IL Zip Code 62525-

Amount of Each Disbursement this Period

19.41

Purpose of Disbursement
Utilities

001

Category/
Type

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶

638.54

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) AmerenIP Mailing Address P.O. Box 511 City Decatur State IL Zip Code 62525- Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 81015.E2944 Date of Disbursement 09 / 30 / 2008 Amount of Each Disbursement this Period 35.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UTILITIES
B.	Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 105306 City Atlanta State GA Zip Code 30348-5306 Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 81015.E2889 Date of Disbursement 07 / 02 / 2008 Amount of Each Disbursement this Period 135.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE
C.	Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 105306 City Atlanta State GA Zip Code 30348-5306 Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 81015.E2888 Date of Disbursement 07 / 02 / 2008 Amount of Each Disbursement this Period 211.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

382.62

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 105306 City Atlanta State GA Zip Code 30348-5306 Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 81015.E2915 Date of Disbursement 08 / 01 / 2008 Amount of Each Disbursement this Period 136.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE
B.	Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 105306 City Atlanta State GA Zip Code 30348-5306 Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 81015.E2905 Date of Disbursement 08 / 01 / 2008 Amount of Each Disbursement this Period 211.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE
C.	Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 105306 City Atlanta State GA Zip Code 30348-5306 Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 81015.E2935 Date of Disbursement 09 / 15 / 2008 Amount of Each Disbursement this Period 205.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

554.52

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 105306 City Atlanta State GA Zip Code 30348-5306 Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E2932 Date of Disbursement 09 / 15 / 2008 Amount of Each Disbursement this Period 136.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE
B.	Full Name (Last, First, Middle Initial) Phil Bloomer Mailing Address 207 W Main City Savoy State IL Zip Code 61874- Purpose of Disbursement Meal Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E2926 Date of Disbursement 08 / 25 / 2008 Amount of Each Disbursement this Period 67.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEAL REIMBURSEMENT
C.	Full Name (Last, First, Middle Initial) Busey Bank Mailing Address 201 W. Main City Urbana State IL Zip Code 61801- Purpose of Disbursement Interest Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E2907 Date of Disbursement 08 / 01 / 2008 Amount of Each Disbursement this Period 38.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTEREST PAYMENT

SUBTOTAL of Disbursements This Page (optional) ▶

242.31

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Busey Bank Mailing Address 201 W. Main City Urbana State IL Zip Code 61801- Purpose of Disbursement Interest Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E2908 Date of Disbursement 09 / 15 / 2008 Amount of Each Disbursement this Period 34.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTEREST PAYMENT	009 Category/ Type
B.	Full Name (Last, First, Middle Initial) Busey Bank Mailing Address 201 W. Main City Urbana State IL Zip Code 61801- Purpose of Disbursement Interest Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E2909 Date of Disbursement 09 / 30 / 2008 Amount of Each Disbursement this Period 39.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTEREST PAYMENT	009 Category/ Type
C.	Full Name (Last, First, Middle Initial) Devonshire Realty Mailing Address PO Box 140 City Champaign State IL Zip Code 61824-0140 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E2894 Date of Disbursement 07 / 02 / 2008 Amount of Each Disbursement this Period 575.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT	001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

648.98

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Devonshire Realty Mailing Address PO Box 140 City Champaign State IL Zip Code 61824-0140 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E2916 Date of Disbursement 08 / 01 / 2008	Amount of Each Disbursement this Period 575.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT
B.	Full Name (Last, First, Middle Initial) Devonshire Realty Mailing Address PO Box 140 City Champaign State IL Zip Code 61824-0140 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E2933 Date of Disbursement 09 / 15 / 2008	Amount of Each Disbursement this Period 575.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT
C.	Full Name (Last, First, Middle Initial) Devonshire Realty Mailing Address PO Box 140 City Champaign State IL Zip Code 61824-0140 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E2945 Date of Disbursement 09 / 30 / 2008	Amount of Each Disbursement this Period 575.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT

SUBTOTAL of Disbursements This Page (optional) ▶

1725.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Kennedys Restaurant Mailing Address 2560 S Stone Creek City Urbana State IL Zip Code 61802- Purpose of Disbursement Fundraising Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E2917 Date of Disbursement 08 / 13 / 2008 Amount of Each Disbursement this Period 953.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING EXPENSE
B.	Full Name (Last, First, Middle Initial) Managed Tax Services Mailing Address 2501 Galen Dr City Champaign State IL Zip Code 61826- Purpose of Disbursement Tax Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E2906 Date of Disbursement 08 / 01 / 2008 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TAX SERVICES
C.	Full Name (Last, First, Middle Initial) Paetec Mailing Address 2302 Fox Dr City Champaign State IL Zip Code 61820- Purpose of Disbursement Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E2890 Date of Disbursement 07 / 02 / 2008 Amount of Each Disbursement this Period 13.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

1266.62

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Paetec	Transaction ID: 81015.E2914 Date of Disbursement 08 / 01 / 2008
	Mailing Address 2302 Fox Dr	Amount of Each Disbursement this Period 13.41
	City Champaign State IL Zip Code 61820-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE SERVICE

B.	Full Name (Last, First, Middle Initial) Paetec	Transaction ID: 81015.E2937 Date of Disbursement 09 / 15 / 2008
	Mailing Address 2302 Fox Dr	Amount of Each Disbursement this Period 13.41
	City Champaign State IL Zip Code 61820-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE SERVICE

C.	Full Name (Last, First, Middle Initial) Sams Club	Transaction ID: 81015.E2897 Date of Disbursement 07 / 02 / 2008
	Mailing Address 915 W Marketview Drive	Amount of Each Disbursement this Period 165.68
	City Champaign State IL Zip Code 61822-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Parade Supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	007 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PARADE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)	▶	192.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Shapiros Deli Mailing Address 808 S Meridan City Indianapolis State IN Zip Code 46218- Purpose of Disbursement Fundraising Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E2921 Date of Disbursement 08 / 12 / 2008 Amount of Each Disbursement this Period 476.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING EXPENSE
B.	Full Name (Last, First, Middle Initial) The Catalyst Group Mailing Address 1115 Massachusetts Avenue, NW City Washington State DC Zip Code 20005- Purpose of Disbursement Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E2913 Date of Disbursement 08 / 01 / 2008 Amount of Each Disbursement this Period 1847.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING
C.	Full Name (Last, First, Middle Initial) The Catalyst Group Mailing Address 1115 Massachusetts Avenue, NW City Washington State DC Zip Code 20005- Purpose of Disbursement Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E2934 Date of Disbursement 09 / 15 / 2008 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶

3823.83

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Tuscola Review Mailing Address 115 W Sale City Tuscola State IL Zip Code 61953- Purpose of Disbursement Advertising Candidate Name 004 Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 81015.E2943 Date of Disbursement 09 / 30 / 2008 Amount of Each Disbursement this Period 240.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
B.	Full Name (Last, First, Middle Initial) U.S. Postmaster Mailing Address 2001 N. Mattis City Champaign State IL Zip Code 61821- Purpose of Disbursement Postage Candidate Name 001 Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 81015.E2900 Date of Disbursement 07 / 17 / 2008 Amount of Each Disbursement this Period 242.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 6170 City Carol Stream State IL Zip Code 60197- Purpose of Disbursement Phone Service Candidate Name 001 Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 81015.E2896 Date of Disbursement 07 / 02 / 2008 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

632.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 81015.E2892
	Mailing Address PO Box 6170	Date of Disbursement 07 / 02 / 2008
	City Carol Stream State IL Zip Code 60197-	Amount of Each Disbursement this Period 100.90
	Purpose of Disbursement Phone Service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001 PHONE SERVICE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 81015.E2920
	Mailing Address PO Box 6170	Date of Disbursement 08 / 22 / 2008
	City Carol Stream State IL Zip Code 60197-	Amount of Each Disbursement this Period 150.00
	Purpose of Disbursement Phone Service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001 PHONE SERVICE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 81015.E2931
	Mailing Address PO Box 6170	Date of Disbursement 09 / 08 / 2008
	City Carol Stream State IL Zip Code 60197-	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement Phone Service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001 PHONE SERVICE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	550.90
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address PO Box 6170 <hr/> City Carol Stream State IL Zip Code 60197- <hr/> Purpose of Disbursement Phone Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E2941 Date of Disbursement 09 / 30 / 2008
	Amount of Each Disbursement this Period 100.99
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	PHONE EXPENSE
B. Full Name (Last, First, Middle Initial) Xpress Professional Services <hr/> Mailing Address 220 E Adams Street <hr/> City Springfield State IL Zip Code 62701- <hr/> Purpose of Disbursement Phone Calls Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E2942 Date of Disbursement 09 / 30 / 2008
	Amount of Each Disbursement this Period 1143.95
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	PHONE CALLS

SUBTOTAL of Disbursements This Page (optional) ►

1244.94

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

20494.84

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.

Full Name (Last, First, Middle Initial)
Champaign County Republican Party

Mailing Address 106 W Springfield Ave

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
Political Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E2898

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	7		0	2		2	0	0	8

Amount of Each Disbursement this Period

250.00

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

Political Contribution

SUBTOTAL of Disbursements This Page (optional) ►

250.00

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

250.00

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.

Full Name (Last, First, Middle Initial)
Lockheed Martin Employees PAC

Mailing Address 1550 Crystal Dr, Suite 300

City Arlington State VA Zip Code 22202-

Purpose of Disbursement
Refund of Contribution 010 Refund of Con

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81015.E2919

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LSC7050

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	97569.08	2430.92

TERMS

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

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

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

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LSC7052

LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank	Election: <input 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 37529.58
Balance Outstanding at Close of This Period 2470.42	

TERMS

Date Incurred MM DD YY YY 03 03 2000	Date Due 20080521	Interest Rate 950.00 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	----------------------	---------------------------------	---

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

Full Name (Last, First, Middle Initial) Timothy Johnson	Name of Employer Information Requested
Mailing Address 413 Berringer Circle	Occupation Attorney
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding: 2470.42
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)	2470.42
TOTALS This Period (last page in this line only)	4901.34

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

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

NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

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

Outstanding Balance Beginning This Period		Transaction ID: LS81015.E2907	
305.40			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
112.50	112.50	305.40	

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