

**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

In the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 11 23 2004 through 12 31 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 01 26 2005

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

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: V M D D Y Y Y Y
1 1 2 3 2 0 0 4 1 2 3 1 2 0 0 4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	4675.00	543521.34
(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)).....	4675.00	543321.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	14236.27	349786.05
(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)).....	14236.27	348529.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	235979.61	
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).....	241171.62	

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: ^{M M} 1 1 ^{D J} 2 3 ^{Y Y Y Y} 2 0 0 4 To: ^{M M} 1 2 ^{D J} 3 1 ^{Y Y Y Y} 2 0 0 4

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).....	1900.00	
(ii) Unitemized.....	1715.00	
(iii) TOTAL of contributions	3615.00	232091.84
from individuals..... ▶		
(b) Political Party Committees.....	0.00	1392.39
(c) Other Political Committees (such as PACS).....	1060.00	310037.11
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	4675.00	543521.34
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	1256.89
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)..... ▶	4675.00	544778.23

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.....	14236.27	349786.05
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	14236.27	455936.59

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	245541.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	4675.00
25. SUBTOTAL (add Line 23 and Line 24).....	250216.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14236.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	235979.81

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20

(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	

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. Alex Calvert		Date of Receipt M / D / Y 12 / 01 / 2004
Mailing Address 1115 E. Washington Street		Transaction ID: 41202.C6487
City Bloomington	State IL	Zip Code 61701-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Calvert Funeral Homes	Occupation Owner	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. David Donovan		Date of Receipt M / D / Y 12 / 01 / 2004
Mailing Address 1072 North 900 East Road		Transaction ID: 41202.C6479
City Melvin	State IL	Zip Code 60952-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer State of Illinois	Occupation Highway Maintenance	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Stuart Drake		Date of Receipt M / D / Y 12 / 01 / 2004
Mailing Address 7 Moss Lake Road		Transaction ID: 41202.C6480
City Farmer City	State IL	Zip Code 61842-9300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Farmer City State Bank	Occupation President	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 375.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20

(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. James Finnegan			Date of Receipt M / D / Y 12 / 01 / 2004
Mailing Address 201 Imperial Dr.			Transaction ID: 41202.C6489
City Bloomington	State IL	Zip Code 61701-	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Name of Employer State Farm	Occupation	Election Cycle-to-Date 250.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. J.D. Harold			Date of Receipt M / D / Y 11 / 29 / 2004
Mailing Address 52 Somerset Drive			Transaction ID: 41129.C6472
City Clinton	State IL	Zip Code 61727-2445	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Name of Employer Golden Harvest	Occupation Salesman	Election Cycle-to-Date 300.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. John O'Brien			Date of Receipt M / D / Y 12 / 01 / 2004
Mailing Address 6174 E 535 North Rd			Transaction ID: 41202.C6492
City Mc Lean	State IL	Zip Code 61754-	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Name of Employer Dalkey Archive Press	Occupation Publisher	Election Cycle-to-Date 500.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(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. Chris Ibsen Oughton		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 404 Old Morris Road		Transaction ID: 41202.C6498
City Dwight	State IL	Zip Code 60420-1084
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. David Rice		Date of Receipt M / D / Y 12 / 22 / 2004
Mailing Address PO Box 168		Transaction ID: 50106.C6506
City Tuscola	State IL	Zip Code 61853-0168
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) C. Steven Wannemacher		Date of Receipt M / D / Y 12 / 01 / 2004
Mailing Address 23 Monarch Dr		Transaction ID: 41202.C6498
City Bloomington	State IL	Zip Code 61704-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Heritage Enterprises	Occupation C.E.O.	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	1900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Motorcycle Riders Foundation PAC		Date of Receipt M / D / Y 12 / 14 / 2004
Mailing Address P O Box 1808		Transaction ID: 50106.C6504
City Washington	State DC	Zip Code 20013-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. PPG Employees Voluntary Political Fund		Date of Receipt M / D / Y 12 / 22 / 2004
Mailing Address 1 PPG Place		Transaction ID: 50106.C6505
City Pittsburgh	State PA	Zip Code 15272-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Sierra Club Political Committee		Date of Receipt M / D / Y 12 / 03 / 2004
Mailing Address 85 2nd St Second Floor		Transaction ID: 50106.C6502
City San Francisco	State CA	Zip Code 94105-3441
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer	Occupation	In-Kind Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2010.00	
		Website Endorsement

SUBTOTAL of Receipts This Page (optional)	▶	1060.00
TOTAL This Period (last page this line number only)	▶	1060.00

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 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. Chicken Out Rotisserie

Mailing Address 15952 Shady Grove Rd

City Gaithersburg State MD Zip Code 20877-

Purpose of Disbursement
Event Expense

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

007
Category/
Type

Transaction ID: 50106.E2027

Date of Disbursement

12 / 06 / 2004

Amount of Each Disbursement this Period

338.42

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

EVENT EXPENSE

Full Name (Last, First, Middle Initial)

B. Chicken Out Rotisserie

Mailing Address 15952 Shady Grove Rd

City Gaithersburg State MD Zip Code 20877-

Purpose of Disbursement
Event Expenses

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

007
Category/
Type

Transaction ID: 50106.E2028

Date of Disbursement

12 / 13 / 2004

Amount of Each Disbursement this Period

48.35

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

EVENT EXPENSES

Full Name (Last, First, Middle Initial)

C. Abbotts Florists

Mailing Address PO Box 1561

City Champaign State IL Zip Code 61824-

Purpose of Disbursement
Supplies

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 50106.E2024

Date of Disbursement

12 / 03 / 2004

Amount of Each Disbursement this Period

51.95

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

SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

438.72

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Ameren IP

Mailing Address P.O. Box 511

City Decatur State IL Zip Code 62525-

Purpose of Disbursement Utilities

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: 50106.E2035
 Date of Disbursement 12 / 14 / 2004

Amount of Each Disbursement this Period 44.36

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

UTILITIES

Full Name (Last, First, Middle Initial)
B. Busey Bank

Mailing Address 201 W. Main

City Urbana State IL Zip Code 61801-

Purpose of Disbursement Interest Payment

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 009

Transaction ID: 50106.E2034
 Date of Disbursement 12 / 14 / 2004

Amount of Each Disbursement this Period 845.60

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

INTEREST PAYMENT

Full Name (Last, First, Middle Initial)
C. Devonshire Realty

Mailing Address PO Box 140

City Champaign State IL Zip Code 61824-0140

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: 50106.E2025
 Date of Disbursement 12 / 03 / 2004

Amount of Each Disbursement this Period 556.25

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

RENT

SUBTOTAL of Disbursements This Page (optional) ▶ **1446.21**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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. 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
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 50106.E2020

Date of Disbursement

11 / 30 / 2004

Amount of Each Disbursement this Period

17.70

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

POSTAGE

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
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 50106.E2026

Date of Disbursement

12 / 07 / 2004

Amount of Each Disbursement this Period

16.93

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

POSTAGE

Full Name (Last, First, Middle Initial)

C. Jillians

Mailing Address 1201 S. Neil St

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
Event Expense

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

007
Category/
Type

Transaction ID: 41130.E2014

Date of Disbursement

11 / 23 / 2004

Amount of Each Disbursement this Period

100.00

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

EVENT EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

136.63

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 20

<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. Jillians

Mailing Address 1201 S. Neil St

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
Event Expense

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

007
Category/
Type

Transaction ID: 50106.E2037
Date of Disbursement

12 / 15 / 2004

Amount of Each Disbursement this Period

369.73

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

EVENT EXPENSE

Full Name (Last, First, Middle Initial)

B. Keelan Communications

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement
Fundraising Expenses

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Transaction ID: 50106.E2033
Date of Disbursement

12 / 14 / 2004

Amount of Each Disbursement this Period

5894.00

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

FUNDRAISING EXPENSES

Full Name (Last, First, Middle Initial)

C. Brian Kelly

Mailing Address 2404 Windward Blvd Apt 203
#204

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Transaction ID: 41130.E2015
Date of Disbursement

11 / 23 / 2004

Amount of Each Disbursement this Period

340.90

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

TRAVEL REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional) ▶

6698.63

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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. Brian Kelly

Mailing Address 2404 Windward Blvd Apt 203
 #204

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
 Salary

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: 41130.E2016

Date of Disbursement

11 / 30 / 2004

Amount of Each Disbursement this Period

1363.62

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

SALARY

Full Name (Last, First, Middle Initial)

B. Brian Kelly

Mailing Address 2404 Windward Blvd Apt 203
 #204

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
 Travel Reimbursement

Candidate Name

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

State: District

002
 Category/
 Type

Transaction ID: 50106.E2030

Date of Disbursement

12 / 08 / 2004

Amount of Each Disbursement this Period

400.00

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

TRAVEL REIMBURSEMENT

Full Name (Last, First, Middle Initial)

C. Brian Kelly

Mailing Address 2404 Windward Blvd Apt 203
 #204

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
 Travel Reimbursement

Candidate Name

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

State: District

002
 Category/
 Type

Transaction ID: 50106.E2031

Date of Disbursement

12 / 13 / 2004

Amount of Each Disbursement this Period

301.63

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

TRAVEL REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional) ▶

2065.25

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 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Brian Kelly

Mailing Address 2404 Windward Blvd Apt 203
#204

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
Salary

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 50106.E2039

Date of Disbursement

12 / 21 / 2004

Amount of Each Disbursement this Period

1005.11

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

SALARY

Full Name (Last, First, Middle Initial)

B. Brian Kelly

Mailing Address 2404 Windward Blvd Apt 203
#204

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
Salary

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 50106.E2038

Date of Disbursement

12 / 21 / 2004

Amount of Each Disbursement this Period

1368.62

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

SALARY

Full Name (Last, First, Middle Initial)

C. Mclean County Repub. Central Committee

Mailing Address PO Box 5058

City Bloomington State IL Zip Code 61702-5058

Purpose of Disbursement
Ad

Candidate Name

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

State: District

004
Category/
Type

Transaction ID: 50106.E2026

Date of Disbursement

12 / 03 / 2004

Amount of Each Disbursement this Period

200.00

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

AD

SUBTOTAL of Disbursements This Page (optional) ▶

2568.73

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 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnsan

A. Full Name (Last, First, Middle Initial)
 Jason Shelby

Mailing Address 6402 Birchwood Lane

City Decatur State IL Zip Code 62521-

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: 50106.E2040
 Date of Disbursement 12 / 07 / 2004

Amount of Each Disbursement this Period 244.26

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

SALARY

B. Full Name (Last, First, Middle Initial)
 Sierra Club Political Committee

Mailing Address 85 2nd St Second Floor

City San Francisco State CA Zip Code 04105-3441

Purpose of Disbursement WEBSITE ENDORSEMENT

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: 50106.CB5021K
 Date of Disbursement 12 / 03 / 2004

Amount of Each Disbursement this Period 10.00

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

IN KIND: WEBSITE ENDORSEMENT

C. Full Name (Last, First, Middle Initial)
 Staples

Mailing Address 2005 N. Prospect

City Champaign State IL Zip Code 61821-

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: 50106.E2022
 Date of Disbursement 12 / 02 / 2004

Amount of Each Disbursement this Period 193.64

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

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶ **447.90**

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)

PAGE 16 / 20

<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. The Leader

Mailing Address 115 East Ave.

City Ogden State IL Zip Code 61859-

Purpose of Disbursement
 Ad

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

004
 Category/
 Type

Transaction ID: 50106.E2032
 Date of Disbursement

12 / 13 / 2004

Amount of Each Disbursement this Period

125.00

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

AD

Full Name (Last, First, Middle Initial)
B. U.S. Postmaster

Mailing Address 2001 N. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
 Postage

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50106.E2021
 Date of Disbursement

12 / 02 / 2004

Amount of Each Disbursement this Period

185.00

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶

310.00

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

14112.07

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 17 / 20
	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

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

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

List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial) Timothy V. Johnson	Name of Employer		
Mailing Address 413 Berringer Circle	Occupation		
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding:	99274.88	
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		

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

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 18 / 20
	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

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

TERMS	Date Incurred 03 rd 09 th 2000	Date Due 20050521	Interest Rate 6.750 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---	----------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

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

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 19 / 20
	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

LOAN SOURCE Full Name (Last, First, Middle Initial) First State Bank of Monticello	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 201 West Main Street PO Box 260			
City Monticello State IL ZIP Code 61855-			
Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00	

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

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

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

SCHEDULE 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)

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Busey Bank			Nature of Debt (Purpose): 009 Accured Interest	
Mailing Address 201 W. Main				
City Urbana	State IL	ZIP Code 61801-		
Outstanding Balance Beginning This Period 72.34			Transaction ID: LS50106.E2034	
Amount Incurred This Period 1000.00	Payment This Period 845.60	Outstanding Balance at Close of This Period 226.74		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor First State Bank of Monticello			Nature of Debt (Purpose): 009 Accured Interest	
Mailing Address 201 West Main Street PO Box 260				
City Monticello	State IL	ZIP Code 61856-		
Outstanding Balance Beginning This Period 920.00			Transaction ID: LS50114.E2D58	
Amount Incurred This Period 750.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1670.00		

1) SUBTOTALS This Period This Page (optional)	▶	1896.74
2) TOTALS This Period (last page this line number only)	▶	1896.74
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	