



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Tim Johnson

Report Covering the Period: From: 

M	M
0	3

D	D
0	2

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	3600.00	148013.75
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3600.00	147913.75
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	6325.85	143129.46
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6325.85	143129.46
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>77296.52</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>69342.35</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Friends of Tim Johnson

Report Covering the Period: From: 

M	M
0	3

D	D
0	2

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

**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).....

0.00

17887.30

(ii) Unitemized.....

100.00

36225.00

(iii) TOTAL of contributions

from individuals..... ▶

100.00

54112.30

0.00

196.00

(b) Political Party Committees.....

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

3500.00

93705.45

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

3600.00

148013.75

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

3600.00

148013.75

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	6325.85	143129.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	170000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	170000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	100.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	6325.85	313229.46

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	80022.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	3600.00
25. SUBTOTAL (add Line 23 and Line 24).....	83622.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6325.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	77296.52

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 5 / 15
	<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.** American Hospital Assoc PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 325 Seventh Street, N.W.

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	0	6

**Transaction ID:** 60316.C6910

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.** NEA PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 1201 16th Street, N.W., Suite 421

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	0	6

**Transaction ID:** 60329.C6911

Amount of Each Receipt this Period  

2000.00
---------

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

**C.** UPS PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 55 Glenlake Parkway NE

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	7	/	2	0	0	6

**Transaction ID:** 60307.C6909

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

# 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

Full Name (Last, First, Middle Initial) <b>A. The Sumner Press</b>		Transaction ID: 60307.E2364 Date of Disbursement MM / DD / YYYY 03 / 07 / 2006	
Mailing Address P O Box 126		Amount of Each Disbursement this Period 84.00	
City Sumner State IL Zip Code 62466-	Purpose of Disbursement Advertising Expense Candidate Name	Category/ Type 004	
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) ▼		

ADVERTISING EXPENSE

Full Name (Last, First, Middle Initial) <b>B. Ameren IP</b>		Transaction ID: 60329.E2371 Date of Disbursement MM / DD / YYYY 03 / 16 / 2006	
Mailing Address P.O. Box 511		Amount of Each Disbursement this Period 43.58	
City Decatur State IL Zip Code 62525-	Purpose of Disbursement Utilities Candidate Name	Category/ Type 001	
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) ▼		

UTILITIES

Full Name (Last, First, Middle Initial) <b>C. Busey Bank</b>		Transaction ID: 60329.E2370 Date of Disbursement MM / DD / YYYY 03 / 16 / 2006	
Mailing Address 201 W. Main		Amount of Each Disbursement this Period 511.86	
City Urbana State IL Zip Code 61801-	Purpose of Disbursement Interest Payment Candidate Name	Category/ Type 009	
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) ▼		

INTEREST PAYMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	639.44
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Chrisman Leader</b>		Transaction ID: 60303.E2360 Date of Disbursement 03 / 02 / 2006	
Mailing Address PO Box 87		Amount of Each Disbursement this Period 27.00	
City Chrisman	State IL	Zip Code 61924-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Advertising Expense		Category/ Type 004	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	ADVERTISING EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Chrisman Leader</b>		Transaction ID: 60307.E2365 Date of Disbursement 03 / 07 / 2006	
Mailing Address PO Box 87		Amount of Each Disbursement this Period 54.00	
City Chrisman	State IL	Zip Code 61924-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Advertising Expense		Category/ Type 004	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	ADVERTISING EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Devonshire Realty</b>		Transaction ID: 60316.E2368 Date of Disbursement 03 / 08 / 2006	
Mailing Address PO Box 140		Amount of Each Disbursement this Period 575.00	
City Champaign	State IL	Zip Code 61824-0140	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Rent		Category/ Type 001	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	RENT	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	656.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Keelen Communications</b>		<b>Transaction ID:</b> 60329.E2372 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address PO Box 2776		Amount of Each Disbursement this Period 1740.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22202-	Category/Type 003	
Purpose of Disbursement Fundraising Expense Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>FUNDRAISING EXPENSE</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Brian Kelly</b>		<b>Transaction ID:</b> 60329.E2378 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 2404 Windward Blvd Apt 203 #204		Amount of Each Disbursement this Period 373.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Champaign State IL Zip Code 61821-	Category/Type 002	
Purpose of Disbursement Travel Reimbursement Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>TRAVEL REIMBURSEMENT</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Brian Kelly</b>		<b>Transaction ID:</b> 60329.E2377 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 2404 Windward Blvd Apt 203 #204		Amount of Each Disbursement this Period 1510.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Champaign State IL Zip Code 61821-	Category/Type 001	
Purpose of Disbursement Salary Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>SALARY</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3624.49</b>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. Managed Tax Services</b>		<b>Transaction ID:</b> 60307.E2362 <b>Date of Disbursement</b> 03 / 07 / 2006
Mailing Address 2501 Galen Dr		Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Champaign State IL Zip Code 61826-	Purpose of Disbursement Tax Service Candidate Name Category/Type 001	
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) ▼	<b>TAX SERVICE</b>

Full Name (Last, First, Middle Initial) <b>B. Managed Tax Services</b>		<b>Transaction ID:</b> 60329.E2373 <b>Date of Disbursement</b> 03 / 23 / 2006
Mailing Address 2501 Galen Dr		Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Champaign State IL Zip Code 61826-	Purpose of Disbursement Tax Services Candidate Name Category/Type 001	
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) ▼	<b>TAX SERVICES</b>

Full Name (Last, First, Middle Initial) <b>C. Mcleod USA</b>		<b>Transaction ID:</b> 60303.E2356 <b>Date of Disbursement</b> 03 / 02 / 2006
Mailing Address 2302 Fox Dr		Amount of Each Disbursement this Period 11.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Champaign State IL Zip Code 61820-	Purpose of Disbursement Phone Service Candidate Name Category/Type 001	
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) ▼	<b>PHONE SERVICE</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>161.98</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 15

<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

Full Name (Last, First, Middle Initial) <b>A. Mcleod USA</b>		<b>Transaction ID: 60329.E2375</b> Date of Disbursement 03 / 23 / 2006	
Mailing Address 2302 Fox Dr		Amount of Each Disbursement this Period 11.98	
City Champaign State IL Zip Code 61820-	Purpose of Disbursement Phone Service Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type  PHONE SERVICE	

Full Name (Last, First, Middle Initial) <b>B. SBC</b>		<b>Transaction ID: 60303.E2357</b> Date of Disbursement 03 / 02 / 2006	
Mailing Address 225 W Randolph St Floor 27A		Amount of Each Disbursement this Period 166.01	
City Chicago State IL Zip Code 60606-	Purpose of Disbursement Phone Service Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type  PHONE SERVICE	

Full Name (Last, First, Middle Initial) <b>C. SBC</b>		<b>Transaction ID: 60329.E2376</b> Date of Disbursement 03 / 23 / 2006	
Mailing Address 225 W Randolph St Floor 27A		Amount of Each Disbursement this Period 210.95	
City Chicago State IL Zip Code 60606-	Purpose of Disbursement Phone Service Candidate Name	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type  PHONE SERVICE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	388.94
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 15

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Jason Shelby		<b>Transaction ID:</b> 60303.E2361 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 6402 Birchwood Lane		Amount of Each Disbursement this Period 116.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>SALARY</b>
City Decatur State IL Zip Code 62521-		
Purpose of Disbursement Salary Candidate Name	Category/Type 001	
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) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) U.S. Postmaster		<b>Transaction ID:</b> 60329.E2369 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 2001 N. Mattis		Amount of Each Disbursement this Period 132.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>P O BOX</b>
City Champaign State IL Zip Code 61821-		
Purpose of Disbursement P O Box Candidate Name	Category/Type 001	
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) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless		<b>Transaction ID:</b> 60303.E2359 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address PO Box 6170		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  <b>PHONE SERVICE</b>
City Carol Stream State IL Zip Code 60197-		
Purpose of Disbursement Phone Service Candidate Name	Category/Type 001	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	398.15
<b>TOTAL</b> 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 / 15

<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

Full Name (Last, First, Middle Initial)

**A.** Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
Phone Service

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 60329.E2374

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

181.85

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) .....

181.85

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

6050.85

**SCHEDULE C (FEC Form 3 )**

**LOANS**

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

NAME OF COMMITTEE (In Full)  
 Friends of Tim Johnson

**Transaction ID: LS50714.C6626**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Busey Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary
Mailing Address 201 W. Main	
City Urbana State IL ZIP Code 61801-	
Original Amount of Loan 100000.00	Cumulative Payment To Date 70725.12
Balance Outstanding at Close of This Period 29274.88	

**TERMS**

Date Incurred M M 01 D D 24 Y Y Y Y 2000	Date Due 20060521	Interest Rate 8.750 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial) Timothy V. Johnson	Name of Employer
Mailing Address 413 Berringer Circle	Occupation
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding: 29274.88
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>29274.88</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

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

NAME OF COMMITTEE (In Full)  
Friends of Tim Johnson

Transaction ID: LS50714.C6625

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

<b>TERMS</b>	Date Incurred M M 03 D D 09 Y Y Y Y 2000	Date Due 20060521	Interest Rate 8.750 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial) Timothy Johnson	Name of Employer			
Mailing Address 413 Berringer Circle	Occupation Attorney			
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding:	40000.00		
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	40000.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	69274.88
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**

(Use separate schedule(s) for each numbered line)	PAGE 15 / 15
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Friends of Tim Johnson

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

Outstanding Balance Beginning This Period	<b>Transaction ID: LS60329.E2370</b>	
74.33		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
505.00	511.86	67.47

1) <b>SUBTOTALS</b> This Period This Page (optional).....	67.47
2) <b>TOTALS</b> This Period (last page this line number only).....	67.47
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	