## **FEC** FORM 3

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

For	An Authorized Committe	9 <b>e</b>	Offi	ice Use Only
		ole:If typing, type ne lines		
Friends of Tim Johnson				
ADDRESS (number and street)	17097			
Check if different				
than previously reported. (ACC)				61803
2. FEC IDENTIFICATION NUMBER	CITY 🛕		STATE	ZIP CODE ▲  STATE ▼ DISTRICT
C00350421	3. IS THIS REPORT	X NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b) 12-Day <b>PRE</b> -E	lection Report for the:		1
X April 15 Quarterly Report (Q1)	F	Primary (12P)	General (12G	) Runoff (12R)
		Convention (12C)	Special (12S)	
July 15 Quarterly Report (Q2)				in the
October 15 Quarterly Report (C	3) Election on			State of
January 31 Year-End Report (Y	E) (c) 30-Day <b>POST</b> -I	Election Report for the:		
		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on			in the State of
5. Covering Period 0 3 0	2 0 0 6	through 03	31	2006
I certify that I have examined this Report and to Type or Print Name of Treasurer Ja	o the best of my knowledge ar mes P. Bray	nd belief it is true, correc	ct and complete.	
Signature of Treasurer Electronically Filed	by James P. Bray		Date 0 4	15 2006
NOTE : Submission of false, erroneous, or inc	omplete information may subj	ect the person signing t	this Report to the pen	alties of 2 U.S.C 437g.
Office Use Only				FEC FORM 3 (Revised 02/2003)

## Image# 26960058435

## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Friends of Tim Johnson ° D 02 03 2006 From: 03 2006 Report Covering the Period: To: 3 1 **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 3600.00 148013.75 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 0.00 100.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 3600.00 147913.75 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 6325.85 143129.46 (from Line 17)..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 143129.46 6325.85 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 77296.52 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 69342.35 Schedule C and/or Schedule D).....

### For further information contact:

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

Toll Free 800-424-9530 Local 202-694-1100 FEC Form 3 (Revised 02/2003)

### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

Write or Type Committee Name Friends of Tim Johnson ° D Report Covering the Period: 03 02 2006 03 2006 From: To: 3 1 **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 17887.30 (i) Itemized (use Schedule A)..... 100.00 36225.00 (ii) Unitemized..... (iii) TOTAL of contributions 100.00 54112.30 from individuals..... 0.00 196.00 (b) Political Party Committees..... (c) Other Political Committees 3500.00 93705.45 (such as PACS)..... 0.00 0.00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 3600.00 148013.75 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 148013.75 3600.00

FEC Form 3 (Revised 02/2003)

## **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
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(c) TOTAL LOAN REPAYMENTS	0.00	0.00
(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 SUMI	MARY	
23. CASH ON HAND AT BEGINNING OF REPORTIN	NG PERIOD	80022.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, p	page3)	3600.00
25. SUBTOTAL (add Line 23 and Line 24)		83622.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from L	ine 22)	6325.85
27. CASH ON HAND AT CLOSE OF REPORTING PE (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: PAGE 5 / 15 (check only one)  11a 11b X 11c 11d 12 13a 13b 14 15
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
Full Name (Last, First, Middle Initial)  American Hospital Assoc PAC  Mailing Address 325 Seventh Street, N  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2006  X Primary General  Other (specify)	State DC C C00	Zip Code 20004 0106146 n Cycle-to-Date ▼	Date of Receipt    M M
Full Name (Last, First, Middle Initial)  NEA PAC  Mailing Address 1201 16th Street, N.W  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2006  Primary X General  Other (specify)	State DC C C00	Zip Code 20036 0003251 n Cycle-to-Date ▼	Date of Receipt    M M
Full Name (Last, First, Middle Initial)  UPS PAC  Mailing Address 55 Glenlake Parkway I  City  Atlanta  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2006  X Primary General  Other (specify)	State GA C	Zip Code 30328 n Sycle-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	3500.00
TOTAL This Period (last page this line number	only)		3500.00

C		`				
	CHEDULE B (FEC Form 3	-		erate schedule(s)	FOR LINI (check or	E NUMBER: PAGE 6 / 15
IT	EMIZED DISBURSEMENT	S		category of the Summary Page	(onlook of	X   17
	y Information copied from such Reports a for commercial purposes, other than using					for the purpose of solicating contributions olicit contributions from such committee
Λ	NAME OF COMMITTEE (In Full)					
$\backslash$	Friends of Tim Johnson					
Α.	Full Name (Last, First, Middle Initial) The Sumner Press					Transaction ID: 60307.E2364 Date of Disbursement
	Mailing Address P O Box 126					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Sumner		State IL	Zip Code 62466-		Amount of Each Disbursement this Period
	Purpose of Disbursement Advertising Expense		<u> </u>	02400	004	84.00
	Candidate Name				004 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburse	ment For: Primary Other (spe	General <b>▼</b>		ADVERTISING EXPENSE
	State: District:					
В.	Full Name (Last, First, Middle Initial) Ameren IP					Transaction ID: 60329.E2371 Date of Disbursement
	Mailing Address P.O. Box 511					03 / 16 / 2006
	City Decatur		State IL	Zip Code 62525-		Amount of Each Disbursement this Period
	Purpose of Disbursement Utilities				001	43.58  Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburse	ment For: Primary Other (spe	General		UTILITIES
	State: District:		Othor (opt	<b>5</b> 5 <b>y</b> ) <b>▼</b>		
C.	Full Name (Last, First, Middle Initial) Busey Bank					Transaction ID: 60329.E2370 Date of Disbursement
	Mailing Address 201 W. Main					$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \   \begin{bmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \   \begin{bmatrix} Y \\ O \end{smallmatrix} \   \begin{bmatrix} V \\ O \end{smallmatrix} \   \end{bmatrix} \   \begin{bmatrix} V \\ V $
	City Urbana		State IL	Zip Code 61801-		Amount of Each Disbursement this Period
	Purpose of Disbursement					511.86
	Interest Payment Candidate Name				009 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburse	ment For: Primary Other (spe	General		INTEREST PAYMENT
_	State: District:		Julio (Spe	<b>→</b>		
s	UBTOTAL of Disbursements This Page	(optional) .			<b>&gt;</b>	639.44

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

	CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check onl	NUMBER: PAGE 7/15 y one)  X 17
	y Information copied from such Reports and State for commercial purposes, other than using the nan			
$\rangle$	NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
Α.	Full Name (Last, First, Middle Initial) Chrisman Leader  Mailing Address PO Box 87			Transaction ID: 60303.E2360 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Chrisman	State Zip Code IL 61924-		Amount of Each Disbursement this Period
	Purpose of Disbursement Advertising Expense Candidate Name		004 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  Senate President State:  Disburs  Senate President	ement For: Primary General Other (specify) ▼		ADVERTISING EXPENSE
В.	Full Name (Last, First, Middle Initial) Chrisman Leader  Mailing Address PO Box 87			Transaction ID: 60307.E2365 Date of Disbursement  O 3 M / O 7 / Y Y Y O 7 6 Y
	City Chrisman	State Zip Code IL 61924-		Amount of Each Disbursement this Period 54.00
	Purpose of Disbursement Advertising Expense Candidate Name		004 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  House Senate President  State:  Disburs	ement For: Primary General Other (specify)		ADVERTISING EXPENSE
C.	Full Name (Last, First, Middle Initial) Devonshire Realty			Transaction ID: 60316.E2368 Date of Disbursement
	Mailing Address PO Box 140			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 8 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & G \\ Y & Z & O & O & G \end{bmatrix}$
	City Champaign	State Zip Code IL 61824-0140		Amount of Each Disbursement this Period 575.00
	Purpose of Disbursement Rent Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: Primary General Other (specify)		RENT
	State: District:			250.00
S	UBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	656.00

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

SCHEDULE B (FECFORIII 3 )	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 8/15
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Friends of Tim Johnson		
Full Name (Last, First, Middle Initial) Keelen Communications  Mailing Address PO Box 2776		Transaction ID: 60329.E2372 Date of Disbursement  M M M / D D D / Y Y Y O O O
,	State Zip Code VA 22202-	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Expense Candidate Name	Ca	003 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	FUNDRAISING EXPENSE
Full Name (Last, First, Middle Initial)  3. Brian Kelly		Transaction ID: 60329.E2378 Date of Disbursement
Mailing Address 2404 Windward Blvd Apt #204	203	03
Champaign	State Zip Code IL 61821-	Amount of Each Disbursement this Period  373.70
Purpose of Disbursement Travel Reimbursement Candidate Name	Ca	002 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	TRAVEL REIMBURSEMENT
Full Name (Last, First, Middle Initial)  Brian Kelly		Transaction ID: 60329.E2377 Date of Disbursement
Mailing Address 2404 Windward Blvd Apt #204	203	0 3 4 7 2 7 7 4 2 0 0 6 4
,	State Zip Code IL 61821-	Amount of Each Disbursement this Period
Purpose of Disbursement Salary Candidate Name	Ca	001 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	SALARY
SUBTOTAL of Disbursements This Page (optional) .		▶ 3624.49
TOTAL This Period (last page this line number only)		

## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 9/15 Use seperate schedule(s) (check only one) for each category of the 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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) Transaction ID: 60307.E2362 Managed Tax Services Date of Disbursement 07 0 3 2006 Mailing Address 2501 Galen Dr City State Zip Code Amount of Each Disbursement this Period Champaign IL 61826-75.00 Purpose of Disbursement Tax Service 001 Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: House TAX SERVICE General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: 60329.E2373 Managed Tax Services Date of Disbursement 23 0 3 2006 Mailing Address 2501 Galen Dr City State Zip Code Amount of Each Disbursement this Period 61826-Champaign IL 75.00 Purpose of Disbursement Tax Services 001 Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: TAX SERVICES Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: 60303.E2356 C. Mcleod USA Date of Disbursement 0 2 2006 Mailing Address 2302 Fox Dr City State Zip Code Amount of Each Disbursement this Period Champaign IL 61820-11.98 Purpose of Disbursement Phone Service 001 Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: PHONE SERVICE Senate Primary General President Other (specify) State: District:

161.98

SUBTOTAL of Disbursements This Page (optional) ...

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_	/ Full Name (Last, First, Middle Initial)  A. Molecol USA											29.E2	237	 5	
Α.	Mailing Address 2302 Fox Dr  City							Date 0 3	of D	isburs	emen	t /	ž (	0 0 6 °	1
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C.	Full Name (Last, SBC	First, Middle Initial)						Date	of D	isburs	emen	29.E2 t			
	Mailing Address 225 W Randolph St Floor 27A							0 3	М	<sup>/</sup> 2	23	/ Y	ž (	o ŏ 6 Š	
	City Chicago			State L	Zip Code 60606-			Amou	ınt o	f Each	Disb	ursem		this Pe	-
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388.94

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

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

SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS    Use seperate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detailed Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(s) for each Disbursement this Period Summary Page   Separate schedule(s) for each category of the Detail Summary Page   Separate schedule(state Summary Page   Sep
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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. Jason Shelby  Mailing Address 6402 Birchwood Lane  City Decatur Purpose of Disbursement Salary Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  B. U.S. Postmaster  Mailing Address 2001 N. Mattis  Transaction ID: 60303.E2361 Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  SALARY  Transaction ID: 60303.E2361 Date of Disbursement this Period  Transaction ID: 60303.E2361 Date of Disbursement this Period  Transaction ID: 60303.E2361 Date of Disbursement this Period  Transaction ID: 60303.E2361 Date of Disbursement  Transaction ID: 60329.E2369 Date of Disbursement  Date of Disbursement  Transaction ID: 60329.E2369 Date of Disbursement  Date of Disbursement  Date of Disbursement  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period
Friends of Tim Johnson  Full Name (Last, First, Middle Initial)  Jason Shelby  Mailing Address 6402 Birchwood Lane  City State Zip Code Decatur IL 62521-  Purpose of Disbursement Salary Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  State: District:  Full Name (Last, First, Middle Initial)  U.S. Postmaster  Mailing Address 2001 N. Mattis  City State Zip Code Decatur IIL 62521-  Purpose of Disbursement this Period Amount of Each Disbursement this Period Category/ Type  Transaction ID: 60303.E2361  Amount of Each Disbursement this Period Category/ Type  Transaction ID: 60329.E2369  Date of Disbursement  Transaction ID: 60329.E2369  Date of Disbursement  Office Sought: House State Zip Code Champaign  Amount of Each Disbursement this Period Category/ Type  Transaction ID: 60329.E2369  Date of Disbursement  Office Sought: Amount of Each Disbursement this Period Category/ Type  Amount of Each Disbursement  Office Sought: Amount of Each Disbursement this Period Category/ Type  Transaction ID: 60329.E2369  Date of Disbursement Type  Office Sought: Amount of Each Disbursement this Period Category/ Type  Transaction ID: 60329.E2369  Date of Disbursement Type  Office Sought: Amount of Each Disbursement Type  Offic
A. Jason Shelby  Mailing Address 6402 Birchwood Lane  City State Zip Code Decatur IL 62521-  Purpose of Disbursement Salary Candidate Name  Office Sought: House Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  U.S. Postmaster  Mailing Address 2001 N. Mattis  City State Zip Code IL 61821-  Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  B. U.S. Postmaster  Mailing Address 2001 N. Mattis  Disbursement For: Shalary  City State Zip Code Champaign  Amount of Each Disbursement this Period
City Decatur  Purpose of Disbursement Salary Candidate Name  Office Sought: House Primary General  State: District:  Full Name (Last, First, Middle Initial)  U.S. Postmaster  Mailing Address 2001 N. Mattis  City Champaign  Amount of Each Disbursement this Period  116.15  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY  Transaction ID: 60329.E2369  Date of Disbursement  May 1
Candidate Name  Category/ Type  Contributions Required Under 11 C.F.R. 400.53  SALARY  Contributions Required Under 11 C.F.R. 400.53  SALARY  State: District:  Full Name (Last, First, Middle Initial) U.S. Postmaster  Mailing Address 2001 N. Mattis  City Champaign  Contributions Required Under 11 C.F.R. 400.53  SALARY  Transaction ID: 60329.E2369 Date of Disbursement  M
Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) U.S. Postmaster  Mailing Address 2001 N. Mattis  City State Zip Code Champaign  SALARY  Transaction ID: 60329.E2369 Date of Disbursement  Mod M
B. U.S. Postmaster  Mailing Address 2001 N. Mattis  City State Zip Code Champaign  State Zip Code Champaign  Transaction ID: 60329.E2369 Date of Disbursement  Mailing Address 2001 N. Mattis  Transaction ID: 60329.E2369 Date of Disbursement  Amount of Each Disbursement this Period Champaign
City State Zip Code Amount of Each Disbursement this Period Champaign IL 61821-
Champaign IL 61821-
Purpose of Dishursoment
Purpose of Disbursement P O Box Candidate Name  132.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate Primary General Other (specify) ▼  State: District:
Full Name (Last, First, Middle Initial)  C. Verizon Wireless  Transaction ID: 60303.E2359 Date of Disbursement
Mailing Address PO Box 6170
City State Zip Code Amount of Each Disbursement this Period Carol Stream IL 60197-
Phone Service Candidate Name  O01 Category/ Type  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbursement For: PHONE SERVICE
Senate Primary General  President Other (specify) ▼  State: District:

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

### Image# 26960058445

## SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (In Full) Friends of Tim Johnson

Full Name (Last, First, Middle Initial)

PO Box 6170

House

Senate

District:

President

Disbursement For:

Primary

Other (specify)

Verizon Wireless

Mailing Address

Carol Stream

Phone Service

Office Sought:

State:

Candidate Name

Purpose of Disbursement

City

FOR LINE NUMBER: PAGE 12/15 Use seperate schedule(s) (check only one) for each category of the Detailed Summary Page 17 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Transaction ID: 60329.E2374 Date of Disbursement 23 0 3 2006 State Zip Code Amount of Each Disbursement this Period IL 60197-181.85 001 Refund or Disposal of Excess Contributions Required Under Category/ 11 C.F.R. 400.53

PHONE SERVICE

Type

General

SUBTOTAL of Disbursements This Page (optional)	•	181.85
TOTAL This Period (last page this line number only)	<b>•</b>	6050.85

Busey Bank

Mailing Address

City Urbana

TERMS

0 1

Timothy V. Johnson

Mailing Address

413 Berringer Circle

Mailing Address

Mailing Address

City

City

City

Urbana

# SCHEDULE C (FEC Form 3 ) LOANS

LOAN SOURCE Full Name (Last, First, Middle Initial)

201 W. Main

Date Incurred

Full Name (Last, First, Middle Initial)

2000

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

100000.00

State

State

State

IL

State IL

20060521

ZIP Code

ZIP Code

ZIP Code

61802-

ZIP Code

Cumulative Payment To Date

Date Due

NAME OF COMMITTEE (In Full) Friends of Tim Johnson

Original Amount of Loan

<sup>D</sup> 24

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

61801-

70725.12

Name of Employer

Occupation

Guaranteed

Outstanding:

Occupation

Outstanding:

Occupation

Outstanding:

Name of Employer

Amount Guaranteed

Name of Employer

Amount Guaranteed

Name of Employer

Amount

	PAGE	13 / 15
schedule(s) ory of the nary Page	FOR LINE NUM (check only one)	
Transact	ion ID: LS50714.	C6626
Ele	ction: Primary General Other (specify)	,
Polonoo O	utatandina at Class	of This Daried
Balarice C	utstanding at Close	29274.88
Interest Rate	S	ecured:
8.75	50 % (apr)	X Yes No
er		
1 1 1	29274	
er		

	Mailing Address		Occupation					
	City State	ZIP Code	Amount Guaranteed Outstanding:					
s	SUBTOTALS This Period This Page (optional)							
Т	TOTALS This Period (last page in this line only)							
С	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 14 / 15

FOR LINE NUMBER: (check only one) X 13

LOANO	Detailed Summary Page	(check only one) X 13a 13b
NAME OF COMMITTEE (In Full)		1100
Friends of Tim Johnson	Tuana	
LOAN SOURCE Full Name (Last, First, Middle Initial)		action ID: LS50714.C6625 Election:
Busey Bank		Primary General
Mailing Address 201 W. Main		X Other (specify) ▼ Primary
City Urbana State IL ZIP Cod	le 61801-	Timaty
Original Amount of Loan Cumulative Payment To	Date Balance	e Outstanding at Close of This Period
40000.00	0.00	40000.00
TERMS  Date Incurred  Date Due	Interest Ra	ate Secured:
M M D D D 20060521		8.750 % (apr) X Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial) Timothy Johnson	Name of Employer	
Mailing Address	Occupation	
413 Berringer Circle	Attorney Amount	
City State ZIP Code Urbana IL 61802-	Guaranteed Outstanding:	40000.00
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	0 0 0 0 0
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	0 0 0 0 0 0
City State ZIP Code	Guaranteed Outstanding:	
		40000.00
SUBTOTALS This Period This Page (optional)	······································	4000.00
TOTALS This Period (last page in this line only)		69274.88
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to appro	praite line of Summary.

# PAGE 15 / 15 SCHEDULE D (FEC Form 3 ) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each numbered line) (check only one) 9 X 10 **Excluding Loans** NAME OF COMMITTEE (In Full) Friends of Tim Johnson A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Busey Bank 009 Accured Interest Mailing Address 201 W. Main ZIP Code City State Urbana IL 61801-Outstanding Balance Beginning This Period Transaction ID: LS60329.E2370 74.33 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 505.00 511.86 67.47 67.47

67.47

1) SUBTOTALS This Period This Page (optional).....

2) TOTALS This Period (last page this line number only).....

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)