

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Friends of Tim Johnson

ADDRESS (number and street) PO Box 17097

Check if different than previously reported. (ACC)

Urbana IL 61803

2. **FEC IDENTIFICATION NUMBER** C00350421

**CITY** STATE ZIP CODE STATE DISTRICT

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 25 2008 through 12 31 2008

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

Type or Print Name of Treasurer Brian Kelly

Signature of Treasurer Electronically Filed by Brian Kelly Date 01 30 2009

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Tim Johnson

Report Covering the Period:

From:

M M  
1 1

D D  
2 5

Y Y Y Y  
2 0 0 8

To:

M M  
1 2

D D  
3 1

Y Y Y Y  
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	3950.00	122898.76
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3950.00	122898.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	15533.18	20040.38
(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)).....	15533.18	20040.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	106839.93	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	5206.74	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Friends of Tim Johnson

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

450.00

61804.04

(ii) Unitemized.....

0.00

51594.72

(iii) TOTAL of contributions

450.00

113398.76

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

3500.00

9500.00

(d) The Candidate.....

0.00

0.00

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

3950.00

122898.76

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)..... ▶

3950.00

122898.76

**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.....	15533.18	20040.38
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	15533.18	20040.38

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	118423.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	3950.00
25. SUBTOTAL (add Line 23 and Line 24).....	122373.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15533.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	106839.93

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 5 / 13
(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Friends of Tim Johnson

<b>A.</b>	Full Name (Last, First, Middle Initial) American Hospital Association PAC		Date of Receipt
	Mailing Address 325 Seventh Street, N.W.		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		Transaction ID: 90130.C8581
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Americans for the Arts		Date of Receipt
	Mailing Address 1000 Vermont Ave. NW Suite 600		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		Transaction ID: 90130.C8580
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="500.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Farm Credit PAC		Date of Receipt
	Mailing Address 50 F Street, NW Suite 900		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee.		Transaction ID: 90130.C8579
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="2000.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="2000.00"/>	Receipt
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="3500.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 6 / 13
	(check only one) <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Friends of Tim Johnson

<b>A.</b>	Full Name (Last, First, Middle Initial) Rudy Frasca		Date of Receipt
	Mailing Address 906 Airport Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Urbana	IL	61801
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 90130.C8577
Name of Employer Frasca International		Occupation Owner	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Kenneth Mathis		Date of Receipt
	Mailing Address 2808 N. Lincoln Ave.		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Urbana	IL	61802
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 90130.C8578
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="200.00"/>
		<input type="text" value="200.00"/>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="450.00"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
Friends of Tim Johnson

<b>A.</b>	Full Name (Last, First, Middle Initial) Champaign County Republican Party <hr/> Mailing Address 106 W Springfield Ave <hr/> City Champaign State IL Zip Code 61820- <hr/> Purpose of Disbursement Political Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 90130.E3000 Date of Disbursement 12 / 08 / 2008 <hr/> Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLITICAL CONTRIBUTION
<b>B.</b>	Full Name (Last, First, Middle Initial) Results Plus Consulting, Inc. <hr/> Mailing Address PO Box 17452 <hr/> City Urbana State IL Zip Code 61803- <hr/> Purpose of Disbursement Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 90130.E2988 Date of Disbursement 12 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CONSULTING
<b>C.</b>	Full Name (Last, First, Middle Initial) Aristotle International <hr/> Mailing Address 205 Pennsylvania Ave <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Software Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 90130.E2992 Date of Disbursement 12 / 04 / 2008 <hr/> Amount of Each Disbursement this Period 3750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SOFTWARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) AT&T  Mailing Address PO Box 105306  City Atlanta State GA Zip Code 30348-5306  Purpose of Disbursement Phone Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 90130.E2993 Date of Disbursement 12 / 04 / 2008  Amount of Each Disbursement this Period 221.73  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE SERVICE
<b>B.</b>	Full Name (Last, First, Middle Initial) AT&T  Mailing Address PO Box 105306  City Atlanta State GA Zip Code 30348-5306  Purpose of Disbursement Phone Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 90130.E2994 Date of Disbursement 12 / 04 / 2008  Amount of Each Disbursement this Period 238.13  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE SERVICE
<b>C.</b>	Full Name (Last, First, Middle Initial) Devonshire Realty  Mailing Address PO Box 140  City Champaign State IL Zip Code 61824-0140  Purpose of Disbursement Rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type	Transaction ID: 90130.E2987 Date of Disbursement 11 / 30 / 2008  Amount of Each Disbursement this Period 575.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  RENT

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

**1034.86**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bobby Frederick  Mailing Address 115 C St SE  City Washington State DC Zip Code 20003-  Purpose of Disbursement Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90130.E2989 Date of Disbursement 12 / 04 / 2008  Amount of Each Disbursement this Period 3176.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CONSULTING
<b>B.</b>	Full Name (Last, First, Middle Initial) Bobby Frederick  Mailing Address 115 C St SE  City Washington State DC Zip Code 20003-  Purpose of Disbursement Reimbursements Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90130.E2990 Date of Disbursement 12 / 04 / 2008  Amount of Each Disbursement this Period 1120.76  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  REIMBURSEMENTS
<b>C.</b>	Full Name (Last, First, Middle Initial) The Catalyst Group  Mailing Address 1115 Massachusetts Avenue, NW  City Washington State DC Zip Code 20005-  Purpose of Disbursement Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90130.E2991 Date of Disbursement 12 / 04 / 2008  Amount of Each Disbursement this Period 3000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CONSULTING

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

7296.76

**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 10 / 13

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

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

NAME OF COMMITTEE (In Full)  
Friends of Tim Johnson

A.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address PO Box 6170

City State Zip Code  
Carol Stream IL 60197-

Purpose of Disbursement  
Phones

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90130.E2997  
Date of Disbursement

1 2 / 2 3 / 2 0 0 8

Amount of Each Disbursement this Period

150.00

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

PHONES

B.

Full Name (Last, First, Middle Initial)  
Xpress Professional Services

Mailing Address 220 E Adams Street

City State Zip Code  
Springfield IL 62701-

Purpose of Disbursement  
Phone Calls

Candidate Name

005  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90130.E2996  
Date of Disbursement

1 2 / 0 4 / 2 0 0 8

Amount of Each Disbursement this Period

783.54

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

PHONE CALLS

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

933.54

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

15265.16

**SCHEDULE C (FEC Form 3)**

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

**LOANS**

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

NAME OF COMMITTEE (In Full)  
Friends of Tim Johnson

**Transaction ID: LSC7050**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Busey Bank		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 201 W. Main		
City Urbana	State IL	ZIP Code 61801-
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	97569.08	2430.92

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 1 D D 2 4 Y Y Y Y 2 0 0 0	20080521	950.00 % (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 Information Requested
Mailing Address 413 Berringer Circle	Occupation Information Requested
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding: 2430.92
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

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

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

**SCHEDULE C (FEC Form 3)**

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Friends of Tim Johnson

Transaction ID: LSC7052

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Busey Bank		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 201 W. Main		
City Urbana	State IL	ZIP Code 61801-
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	37529.58	2470.42

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 03 Y Y Y Y 2000	20080521	950.00 % (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 Johnson	Name of Employer Information Requested
Mailing Address 413 Berringer Circle	Occupation Attorney
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding: 2470.42
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	2470.42
<b>TOTALS</b> This Period (last page in this line only) .....	▶	4901.34

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

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

(Use separate schedule(s) for each numbered line)	PAGE 13 / 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Friends of Tim Johnson

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

Outstanding Balance Beginning This Period		<b>Transaction ID: LSE2264</b>	
305.40			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	305.40	

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