

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

Friends Of Tim Johnson

ADDRESS (number and street) PO Box 17097

Check if different than previously reported. (ACC) Urbana IL 61803-7097

2. **FEC IDENTIFICATION NUMBER** ▼ C C00350421

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

CITY ▲ Urbana STATE ▲ IL ZIP CODE ▲ STATE ▼ DISTRICT IL 13

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 M M / D D / Y Y Y Y in the State of  

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

General (30G)  Runoff (30R)  Special (30S)

Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2012 through M M / D D / Y Y Y Y 06 / 30 / 2012

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 Randi Parr

Signature of Treasurer Randi Parr *[Electronically Filed]* Date M M / D D / Y Y Y Y 08 / 20 / 2012

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:  /  /  To:  /  /

	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))....	0	675699
(b) Total Contribution Refunds (from Line 20(d)) .....	111921.12	111921.12
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-111921.12	563777.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	59814.59	437936.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	302.19
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	59814.59	437634.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	325967.65	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

**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:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0	14600
(ii) Unitemized.....	0	285571.51
(iii) TOTAL of contributions from individuals ▶	0	300171.51
(b) Political Party Committees.....	0	15250
(c) Other Political Committees (such as PACs).....	0	360277.49
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0	675699
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0	302.19
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	508.21	8525.5
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	508.21	684526.69

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	59814.59	437936.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	22
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	4532.23
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	4532.23
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	25421.12	25421.12
(b) Political Party Committees.....	10000	10000
(c) Other Political Committees (such as PACs).....	76500	76500
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	111921.12	111921.12
21. OTHER DISBURSEMENTS .....	0	643.45
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	171735.71	555055.14

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	497195.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	508.21
25. SUBTOTAL (add Line 23 and Line 24).....	497703.36
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	171735.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	325967.65

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 113
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

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

Mailing Address **PO Box 66884**

City **Saint Louis** State **MO** Zip Code **63166-6884**

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**342.37**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 20 / 2012**

**Transaction ID : A-M16890**

Amount of Each Receipt this Period  
**342.37**  
 overpayment refund, utilities

**B.** Full Name (Last, First, Middle Initial)  
**Aristotle International**

Mailing Address **205 Pennsylvania Avenue SE**

City **Washington** State **DC** Zip Code **20003-1164**

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1615**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2012**

**Transaction ID : A-M16888**

Amount of Each Receipt this Period  
**95**  
 reimbursement

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

**437.37**

**437.37**

**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 6 OF 113			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. BankChampaign, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address PO Box 6897 PO Box 6897		Amount of Each Disbursement this Period 130 <b>Transaction ID : B-E-16621</b>
City Champaign State IL Zip Code 61826-6897	Purpose of Disbursement Administrative/Salary/Overhead: Storage Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. BankChampaign, NA</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address PO Box 6897 PO Box 6897		Amount of Each Disbursement this Period 155 <b>Transaction ID : B-E-16622</b>
City Champaign State IL Zip Code 61826-6897	Purpose of Disbursement Administrative/Salary/Overhead: Storage Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 320 6th Street		Amount of Each Disbursement this Period 15.45 <b>Transaction ID : B-E-16624</b>
City Charleston State IL Zip Code 61920-1598	Purpose of Disbursement Administrative/Salary/Overhead: postage Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	300.45
<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 7 OF 113	
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Billy Barooz</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 03 / 2012</b>
Mailing Address <b>2521 Village Green Place</b>		Amount of Each Disbursement this Period <b>98.15</b> <b>Transaction ID : B-E-16626</b>
City <b>Champaign</b> State <b>IL</b> Zip Code <b>61822</b>	Purpose of Disbursement Travel: fuel	
Candidate Name	Category/Type <b>002</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Courier Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 03 / 2012</b>
Mailing Address <b>111 Race Street</b>		Amount of Each Disbursement this Period <b>12.69</b> <b>Transaction ID : B-E-16628</b>
City <b>Urbana</b> State <b>IL</b> Zip Code <b>61801</b>	Purpose of Disbursement Travel: meals	
Candidate Name	Category/Type <b>002</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Meijer</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 03 / 2012</b>
Mailing Address <b>2500 Philo Road</b>		Amount of Each Disbursement this Period <b>68.04</b> <b>Transaction ID : B-E-16629</b>
City <b>Urbana</b> State <b>IL</b> Zip Code <b>61802-8044</b>	Purpose of Disbursement Travel: fuel	
Candidate Name	Category/Type <b>002</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>178.88</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 8 OF 113	
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Michael Holmes</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 1490 N County Road 1550 E		Amount of Each Disbursement this Period 745 <b>Transaction ID : B-E-16438</b>
City Villa Grove	State IL	
Zip Code 61956-9649	Purpose of Disbursement fundraising consultant	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Michael Holmes</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 1490 N County Road 1550 E		Amount of Each Disbursement this Period 20.4 <b>Transaction ID : B-E-16439</b>
City Villa Grove	State IL	
Zip Code 61956-9649	Purpose of Disbursement Travel: reimbursement, mileage	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Il Dept. of revenue IL Dept. of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 101 W. Jefferson		Amount of Each Disbursement this Period 435 <b>Transaction ID : B-E-16692</b>
City Springfield	State IL	
Zip Code 62704	Purpose of Disbursement Administrative/Salary/Overhead: taxes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1200.40
<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 9 OF 113			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <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. Il Dept. of revenue IL Dept. of Revenue</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 03 / 2012</b>	
Mailing Address 101 W. Jefferson			Amount of Each Disbursement this Period <b>474.99</b>	
City Springfield	State IL	Zip Code 62704	Transaction ID : <b>B-E-16764</b>	
Purpose of Disbursement Administrative/Salary/Overhead: taxes		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. James Zenn</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 03 / 2012</b>	
Mailing Address 2610 Oakton Street Apt. 1W			Amount of Each Disbursement this Period <b>410</b>	
City Park Ridge	State IL	Zip Code 60068-1859	Transaction ID : <b>B-E-16440</b>	
Purpose of Disbursement fundraising consultant		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Alexander's Steakhouse</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 04 / 2012</b>	
Mailing Address 202 W Anthony Drive			Amount of Each Disbursement this Period <b>128.18</b>	
City Champaign	State IL	Zip Code 61822-1218	Transaction ID : <b>B-E-16620</b>	
Purpose of Disbursement Travel: meals		Category/ Type <b>002</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1013.17</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 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Thorntons</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012
Mailing Address 10101 Linn Station Road		Amount of Each Disbursement this Period 64.8
City Savoy State IL Zip Code 61874	Purpose of Disbursement Travel: mileage Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-E-16619
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Busey Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 201 W Main Street		Amount of Each Disbursement this Period 1
City Urbana State IL Zip Code 61801-2621	Purpose of Disbursement Administrative/Salary/Overhead: bank fee Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-E-16634
State: District:		

Full Name (Last, First, Middle Initial) <b>c. City of Litchfield</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 120 E Ryder Street		Amount of Each Disbursement this Period 29.16
City Litchfield State IL Zip Code 62056-2031	Purpose of Disbursement utilities Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-E-16630
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	94.96
<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 11 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Crane Alley</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 115 W Main Street		Amount of Each Disbursement this Period 209.34 <b>Transaction ID : B-E-16633</b>
City Urbana State IL Zip Code 61801-2737	Purpose of Disbursement Travel: meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Kamakura</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 715 S Neil Street		Amount of Each Disbursement this Period 2025.73 <b>Transaction ID : B-E-16641</b>
City Champaign State IL Zip Code 61820-5283	Purpose of Disbursement Travel: meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Marathon Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address Springfield Ave		Amount of Each Disbursement this Period 75 <b>Transaction ID : B-E-16638</b>
City Urbana State IL Zip Code 61820	Purpose of Disbursement Travel: fuel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2310.07
<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 OF 113	
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Mongolia</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 301 Neil St		Amount of Each Disbursement this Period ..... 14
City Champaign	State IL Zip Code 61802	
Purpose of Disbursement Travel: meals	Category/Type 002	<b>Transaction ID : B-E-16635</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Mongolia</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 301 Neil St		Amount of Each Disbursement this Period ..... 351.82
City Champaign	State IL Zip Code 61802	
Purpose of Disbursement Travel: meals	Category/Type 002	<b>Transaction ID : B-E-16640</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 2040 Lawn Dr		Amount of Each Disbursement this Period ..... 40.35
City Rantoul	State IL Zip Code 61866	
Purpose of Disbursement office supplies	Category/Type 001	<b>Transaction ID : B-E-16636</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	..... 406.17
<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 13 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Robert E Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 902 Crestwood Drive		Amount of Each Disbursement this Period 202.5 <b>Transaction ID : B-E-16639</b>
City Urbana State IL Zip Code 61801-5202	Purpose of Disbursement Travel: travel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Exxon Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 407A N Dunlap Avenue		Amount of Each Disbursement this Period 68.65 <b>Transaction ID : B-E-16644</b>
City Savoy State IL Zip Code 61874-8049	Purpose of Disbursement Travel: fuel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Red Star Liquor</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 114 S Race		Amount of Each Disbursement this Period 280.25 <b>Transaction ID : B-E-16647</b>
City Champaign State IL Zip Code 61802	Purpose of Disbursement Travel: meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	551.40
<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 14 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Thorntons</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 10101 Linn Station Road		Amount of Each Disbursement this Period 84.17
City Savoy State IL Zip Code 61874	Purpose of Disbursement Travel: fuel Category/Type 002	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 21.58
City Springfield State IL Zip Code 62702-6012	Purpose of Disbursement Travel: fuel Category/Type 002	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Decker Consulting Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 244 14th Place NE Suite 2		Amount of Each Disbursement this Period 2035.24
City Washington State DC Zip Code 20002-8448	Purpose of Disbursement fundraising consultant Category/Type 001	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2140.99
<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 15 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Jen Dillman Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 1801 Dial Court			Amount of Each Disbursement this Period 3500 <b>Transaction ID : B-E-16479</b>
City Springfield	State IL	Zip Code 62704-3503	
Purpose of Disbursement fundraising consultant		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Meijer</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 2500 Philo Road			Amount of Each Disbursement this Period 56.99 <b>Transaction ID : B-E-16650</b>
City Urbana	State IL	Zip Code 61802-8044	
Purpose of Disbursement Travel: fuel		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 320 6th Street			Amount of Each Disbursement this Period 1.1 <b>Transaction ID : B-E-16651</b>
City Charleston	State IL	Zip Code 61920-1598	
Purpose of Disbursement Administrative/Salary/Overhead: postage		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3558.09
<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 16 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 320 6th Street		Amount of Each Disbursement this Period 70 <b>Transaction ID : B-E-16690</b>
City Charleston	State IL	
Zip Code 61920-1598	Purpose of Disbursement Administrative/Salary/Overhead: Postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. US Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address Irs		Amount of Each Disbursement this Period 2506.24 <b>Transaction ID : B-E-16688</b>
City Cincinnati	State OH	
Zip Code 45999-0001	Purpose of Disbursement Payroll Taxes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address PO Box 6170		Amount of Each Disbursement this Period 522.01 <b>Transaction ID : B-E-16689</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Administrative/Salary/Overhead: Phone	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3098.25
<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 17 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. William Kyles</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 408 Taylor Thomas Lane		Amount of Each Disbursement this Period 229.5 <b>Transaction ID : B-E-16477</b>
City Champaign State IL Zip Code 61821	Purpose of Disbursement Travel: reimbursement, mileage 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Randi L Parr</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2012
Mailing Address 2020 10th Street Apt. 304		Amount of Each Disbursement this Period 56.1 <b>Transaction ID : B-E-16687</b>
City Charleston State IL Zip Code 61920-3435	Purpose of Disbursement Travel: mileage 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Crane Alley</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address 115 W Main Street		Amount of Each Disbursement this Period 25.75 <b>Transaction ID : B-E-16653</b>
City Urbana State IL Zip Code 61801-2737	Purpose of Disbursement Travel: meals 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	311.35
<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 18 OF 113	
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Crane Alley</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address 115 W Main Street		Amount of Each Disbursement this Period 159.74 <b>Transaction ID : B-E-16654</b>
City Urbana State IL Zip Code 61801-2737	Purpose of Disbursement Travel: meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Decker Consulting Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address 244 14th Place NE Suite 2		Amount of Each Disbursement this Period 8611.37 <b>Transaction ID : B-E-16488</b>
City Washington State DC Zip Code 20002-8448	Purpose of Disbursement fundraising consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Jen Dillman Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address 1801 Dial Court		Amount of Each Disbursement this Period 3500 <b>Transaction ID : B-E-16487</b>
City Springfield State IL Zip Code 62704-3503	Purpose of Disbursement fundraising consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12271.11
<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 19 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Robert E Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address 902 Crestwood Drive		Amount of Each Disbursement this Period 2594.59
City Urbana State IL Zip Code 61801-5202	Purpose of Disbursement Administrative/Salary/Overhead: salary	
Candidate Name	Category/Type 001	Transaction ID : B-E-16655
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Randi L Parr</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address 2020 10th Street Apt. 304		Amount of Each Disbursement this Period 140.2
City Charleston State IL Zip Code 61920-3435	Purpose of Disbursement Travel: Mileage	
Candidate Name	Category/Type 002	Transaction ID : B-E-16691
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bizou</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 259 N. Main		Amount of Each Disbursement this Period 101.03
City Decatur State IL Zip Code 62523	Purpose of Disbursement Travel: meals	
Candidate Name	Category/Type 002	Transaction ID : B-E-16658
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2835.82
<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 20 OF 113	
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Marathon Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address Springfield Ave		Amount of Each Disbursement this Period 64.95 <b>Transaction ID : B-E-16657</b>
City Urbana State IL Zip Code 61820	Purpose of Disbursement Travel: meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Busey Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 201 W Main Street		Amount of Each Disbursement this Period 1 <b>Transaction ID : B-E-16659</b>
City Urbana State IL Zip Code 61801-2621	Purpose of Disbursement Administrative/Salary/Overhead: bank fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Exxon Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 407A N Dunlap Avenue		Amount of Each Disbursement this Period 70.4 <b>Transaction ID : B-E-16665</b>
City Savoy State IL Zip Code 61874-8049	Purpose of Disbursement Travel: fuel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	136.35
<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 21 OF 113	
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Marriott Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 10700 Pear Tree Lane		Amount of Each Disbursement this Period 368.87 <b>Transaction ID : B-E-16667</b>
City Saint Louis	State MO	
Zip Code 63134-4100	Purpose of Disbursement Travel: travel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mongolia</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 301 Neil St		Amount of Each Disbursement this Period 94.18 <b>Transaction ID : B-E-16666</b>
City Champaign	State IL	
Zip Code 61802	Purpose of Disbursement Travel: meals	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Thorntons</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 10101 Linn Station Road		Amount of Each Disbursement this Period 38.89 <b>Transaction ID : B-E-16664</b>
City Savoy	State IL	
Zip Code 61874	Purpose of Disbursement Travel: fuel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	501.94
<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 22 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Robert E Johnson</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2012
Mailing Address 902 Crestwood Drive		Amount of Each Disbursement this Period 504 <b>Transaction ID : B-E-16668</b>
City Urbana State IL Zip Code 61801-5202	Purpose of Disbursement Travel: Travel Candidate Name Category/Type 002	
Office Sought: House Senate President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Aristotle International</b>		Date of Disbursement MM / DD / YYYY 04 / 17 / 2012
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1500 <b>Transaction ID : B-E-16589</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Database program Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Marathon Oil</b>		Date of Disbursement MM / DD / YYYY 04 / 17 / 2012
Mailing Address Springfield Ave		Amount of Each Disbursement this Period 60.48 <b>Transaction ID : B-E-16670</b>
City Urbana State IL Zip Code 61820	Purpose of Disbursement Travel: fuel Candidate Name Category/Type 002	
Office Sought: House Senate President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2064.48
<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 23 OF 113	
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. James Zenn</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address 2610 Oakton Street Apt. 1W		Amount of Each Disbursement this Period 760 <b>Transaction ID : B-E-16591</b>
City Park Ridge	State IL	
Zip Code 60068-1859	Purpose of Disbursement fundraising consultant	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Exxon Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address 407A N Dunlap Avenue		Amount of Each Disbursement this Period 59.98 <b>Transaction ID : B-E-16671</b>
City Savoy	State IL	
Zip Code 61874-8049	Purpose of Disbursement Travel: fuel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Thorntons</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address 10101 Linn Station Road		Amount of Each Disbursement this Period 61.85 <b>Transaction ID : B-E-16672</b>
City Savoy	State IL	
Zip Code 61874	Purpose of Disbursement Travel: fuel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	881.85
<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 24 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Urbana Express</b>			Date of Disbursement MM / DD / YYYY 04 / 18 / 2012
Mailing Address 306 E Main Street			Amount of Each Disbursement this Period 75.95 <b>Transaction ID : B-E-16673</b>
City Urbana	State IL	Zip Code 61802-2730	
Purpose of Disbursement Travel: fuel		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Shell Oil</b>			Date of Disbursement MM / DD / YYYY 04 / 20 / 2012
Mailing Address 4 Corvette Drive			Amount of Each Disbursement this Period 113.99 <b>Transaction ID : B-E-16674</b>
City Litchfield	State IL	Zip Code 62056-1090	
Purpose of Disbursement Travel: fuel		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Alexander's Steakhouse</b>			Date of Disbursement MM / DD / YYYY 04 / 23 / 2012
Mailing Address 202 W Anthony Drive			Amount of Each Disbursement this Period 217.26 <b>Transaction ID : B-E-16679</b>
City Champaign	State IL	Zip Code 61822-1218	
Purpose of Disbursement Travel: meals		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	407.20
<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 25 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 30.08
City Springfield State IL Zip Code 62702-6012	Purpose of Disbursement Travel: fuel	
Candidate Name	Category/Type 002	Transaction ID : B-E-16676
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 67.06
City Springfield State IL Zip Code 62702-6012	Purpose of Disbursement Travel: fuel	
Candidate Name	Category/Type 002	Transaction ID : B-E-16680
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Circle K</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 2011 N Lincoln Avenue		Amount of Each Disbursement this Period 68.74
City Urbana State IL Zip Code 61801-1026	Purpose of Disbursement Travel: fuel	
Candidate Name	Category/Type 002	Transaction ID : B-E-16678
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	165.88
<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 26 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Exxon Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 407A N Dunlap Avenue		Amount of Each Disbursement this Period 67.8
City Savoy State IL Zip Code 61874-8049	Purpose of Disbursement Travel: fuel	
Candidate Name	Category/Type 002	Transaction ID : B-E-16677
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 41.28
City Springfield State IL Zip Code 62702-6012	Purpose of Disbursement Travel: fuel	
Candidate Name	Category/Type 002	Transaction ID : B-E-16682
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Marathon Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address Springfield Ave		Amount of Each Disbursement this Period 65.29
City Urbana State IL Zip Code 61820	Purpose of Disbursement Travel: fuel	
Candidate Name	Category/Type 002	Transaction ID : B-E-16686
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	174.37
<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 27 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Robert E Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 902 Crestwood Drive		Amount of Each Disbursement this Period 24.95 <b>Transaction ID : B-E-16684</b>
City Urbana State IL Zip Code 61801-5202	Purpose of Disbursement reimbursement office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Tony Ashby</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 603 Mitchell Court		Amount of Each Disbursement this Period 100 <b>Transaction ID : B-E-16685</b>
City Champaign State IL Zip Code 61821-3533	Purpose of Disbursement newspaper service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 66.7 <b>Transaction ID : B-E-16696</b>
City Springfield State IL Zip Code 62702-6012	Purpose of Disbursement Travel: fuel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	191.65
<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 28 OF 113	
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. The Ariston Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address PO Box 453		Amount of Each Disbursement this Period 120 <b>Transaction ID : B-E-16614</b>
City Litchfield	State IL	
Zip Code 62056-0453	Purpose of Disbursement Travel: meals	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Randi L Parr</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 2020 10th Street Apt. 304		Amount of Each Disbursement this Period 750 <b>Transaction ID : B-E-16765</b>
City Charleston	State IL	
Zip Code 61920-3435	Purpose of Disbursement fundraising consulting fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Alamo Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 700 Broadway East		Amount of Each Disbursement this Period 57.25 <b>Transaction ID : B-E-16698</b>
City Mattoon	State IL	
Zip Code 61938	Purpose of Disbursement Travel: meals	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	927.25
<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 29 OF 113	
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Exxon Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 407A N Dunlap Avenue		Amount of Each Disbursement this Period 73.71
City Savoy State IL Zip Code 61874-8049	Purpose of Disbursement Travel: fuel 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-E-16699
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Business Technology Center</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 701 Devonshire Drive		Amount of Each Disbursement this Period 285
City Champaign State IL Zip Code 61820-7337	Purpose of Disbursement office rent 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-E-16701
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Ariston Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address PO Box 453		Amount of Each Disbursement this Period 120
City Litchfield State IL Zip Code 62056-0453	Purpose of Disbursement Travel: meals 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-E-16700
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	478.71
<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 30 OF 113	
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. James Zenn</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2012
Mailing Address 2610 Oakton Street Apt. 1W		Amount of Each Disbursement this Period 370 <b>Transaction ID : B-E-16702</b>
City Park Ridge	State IL Zip Code 60068-1859	
Purpose of Disbursement Consulting fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Buffalo Wild Wings</b>		Date of Disbursement MM / DD / YYYY 05 / 07 / 2012
Mailing Address 1335 Savoy Plaza Drive		Amount of Each Disbursement this Period 12 <b>Transaction ID : B-E-16703</b>
City Savoy	State IL Zip Code 61874	
Purpose of Disbursement Travel: meals	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Casey's General Store</b>		Date of Disbursement MM / DD / YYYY 05 / 07 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 56.54 <b>Transaction ID : B-E-16704</b>
City Springfield	State IL Zip Code 62702-6012	
Purpose of Disbursement Travel: fuel	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	438.54
<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 31 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address PO Box 6170		Amount of Each Disbursement this Period 655.52
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Administrative/Salary/Overhead: phone	<b>Transaction ID : B-E-16705</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Billy Barooz</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address 2521 Village Green Place		Amount of Each Disbursement this Period 58
City Champaign	State IL	
Zip Code 61822	Purpose of Disbursement Travel: meals	<b>Transaction ID : B-E-16707</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 66.62
City Springfield	State IL	
Zip Code 62702-6012	Purpose of Disbursement Travel: fuel	<b>Transaction ID : B-E-16710</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	780.14
<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 32 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Exxon Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address 407A N Dunlap Avenue		Amount of Each Disbursement this Period 61.9 <b>Transaction ID : B-E-16709</b>
City Savoy State IL Zip Code 61874-8049	Purpose of Disbursement Travel: fuel 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Macoupin County Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address PO Box 27		Amount of Each Disbursement this Period 300 <b>Transaction ID : B-E-16767</b>
City Carlinville State IL Zip Code 62626-0027	Purpose of Disbursement Political Contribution: contribution 011 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Thorntons</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address 10101 Linn Station Road		Amount of Each Disbursement this Period 59.16 <b>Transaction ID : B-E-16708</b>
City Savoy State IL Zip Code 61874	Purpose of Disbursement Travel: fuel 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	421.06
<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 33 OF 113	
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Alexander's Steakhouse</b>		Date of Disbursement MM / DD / YYYY 05 / 10 / 2012
Mailing Address 202 W Anthony Drive		Amount of Each Disbursement this Period 494.53 <b>Transaction ID : B-E-16715</b>
City Champaign State IL Zip Code 61822-1218	Purpose of Disbursement Travel: meals Candidate Name Category/Type 002	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Business Technology Center</b>		Date of Disbursement MM / DD / YYYY 05 / 10 / 2012
Mailing Address 701 Devonshire Drive		Amount of Each Disbursement this Period 293.5 <b>Transaction ID : B-E-16718</b>
City Champaign State IL Zip Code 61820-7337	Purpose of Disbursement Office rent Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Consolidated Communications</b>		Date of Disbursement MM / DD / YYYY 05 / 10 / 2012
Mailing Address PO Box 2564		Amount of Each Disbursement this Period 43.07 <b>Transaction ID : B-E-16713</b>
City Decatur State IL Zip Code 62525-2564	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	494.53
<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 34 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Decker Consulting Services</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012		
Mailing Address 244 14th Place NE Suite 2			Amount of Each Disbursement this Period 2000		
City Washington	State DC	Zip Code 20002-8448	Transaction ID : B-E-16717		
Purpose of Disbursement fundraising consultant		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. DirecTV</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012		
Mailing Address PO Box 9001069			Amount of Each Disbursement this Period 192.96		
City Louisville	State KY	Zip Code 40290-1069	Transaction ID : B-E-16716		
Purpose of Disbursement Administrative/Salary/Overhead: cable		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Thorntons</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012		
Mailing Address 10101 Linn Station Road			Amount of Each Disbursement this Period 89.66		
City Savoy	State IL	Zip Code 61874	Transaction ID : B-E-16714		
Purpose of Disbursement Travel: fuel		Category/ Type 002			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2282.66
<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 35 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Randi L Parr</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012
Mailing Address 2020 10th Street Apt. 304		Amount of Each Disbursement this Period 56.1 <b>Transaction ID : B-E-16768</b>
City Charleston	State IL	
Zip Code 61920-3435	Purpose of Disbursement Travel: fuel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 43.29 <b>Transaction ID : B-E-16720</b>
City Springfield	State IL	
Zip Code 62702-6012	Purpose of Disbursement Travel: fuel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 91.23 <b>Transaction ID : B-E-16722</b>
City Springfield	State IL	
Zip Code 62702-6012	Purpose of Disbursement Travel: fuel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	190.62
<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 36 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Courier Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address 111 Race Street		Amount of Each Disbursement this Period ..... 17 <b>Transaction ID : B-E-16719</b>
City Urbana State IL Zip Code 61801	Purpose of Disbursement Travel: meals	
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Marathon Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2012
Mailing Address Springfield Ave		Amount of Each Disbursement this Period ..... 69.35 <b>Transaction ID : B-E-16721</b>
City Urbana State IL Zip Code 61820	Purpose of Disbursement Travel: fuel	
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Courier Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 111 Race Street		Amount of Each Disbursement this Period ..... 4 <b>Transaction ID : B-E-16723</b>
City Urbana State IL Zip Code 61801	Purpose of Disbursement Travel: meals	
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	..... 90.35
<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 37 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Exxon Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 407A N Dunlap Avenue		Amount of Each Disbursement this Period 66.4
City Savoy State IL Zip Code 61874-8049	Purpose of Disbursement Travel: fuel	
Candidate Name	002 Category/Type	Transaction ID : B-E-16724
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Thorntons</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 10101 Linn Station Road		Amount of Each Disbursement this Period 76.91
City Savoy State IL Zip Code 61874	Purpose of Disbursement Travel: fuel	
Candidate Name	002 Category/Type	Transaction ID : B-E-16725
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ryan Yagoda</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 60 W Randolph Street		Amount of Each Disbursement this Period 1000
City Chicago State IL Zip Code 60601-3392	Purpose of Disbursement professional services	
Candidate Name	001 Category/Type	Transaction ID : B-E-17000
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1143.31
<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 38 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Marathon Oil</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012
Mailing Address Springfield Ave			Amount of Each Disbursement this Period 76.85
City Urbana	State IL	Zip Code 61820	
Purpose of Disbursement Travel: fuel		Category/ Type 002	<b>Transaction ID : B-E-16729</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Robert E Johnson</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012
Mailing Address 902 Crestwood Drive			Amount of Each Disbursement this Period 2594.59
City Urbana	State IL	Zip Code 61801-5202	
Purpose of Disbursement Administrative/Salary/Overhead: salary		Category/ Type 001	<b>Transaction ID : B-E-16730</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Alexander's Steakhouse</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 202 W Anthony Drive			Amount of Each Disbursement this Period 46.36
City Champaign	State IL	Zip Code 61822-1218	
Purpose of Disbursement Travel: meals		Category/ Type 002	<b>Transaction ID : B-E-16732</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2717.80
<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 39 OF 113	
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Buffalo Wild Wings</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 1335 Savoy Plaza Drive		Amount of Each Disbursement this Period 13.28 <b>Transaction ID : B-E-16734</b>
City Savoy State IL Zip Code 61874	Purpose of Disbursement Travel: meals	
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 57.94 <b>Transaction ID : B-E-16733</b>
City Springfield State IL Zip Code 62702-6012	Purpose of Disbursement Travel: fuel	
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Alexander's Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 202 W Anthony Drive		Amount of Each Disbursement this Period 86.48 <b>Transaction ID : B-E-16741</b>
City Champaign State IL Zip Code 61822-1218	Purpose of Disbursement Travel: meals	
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	157.70
<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 40 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Angus Bailey's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 510 N Side Square		Amount of Each Disbursement this Period 30.38
City Carlinville	State IL	
Zip Code 62626-1749	Purpose of Disbursement Travel: meals	<b>Transaction ID : B-E-16737</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 29.46
City Springfield	State IL	
Zip Code 62702-6012	Purpose of Disbursement Travel: fuel	<b>Transaction ID : B-E-16736</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jim's Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 2307 E Washington		Amount of Each Disbursement this Period 72.5
City Bloomington	State IL	
Zip Code 61901	Purpose of Disbursement Travel: meals	<b>Transaction ID : B-E-16740</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	132.34
<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 41 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Shell Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 4 Corvette Drive		Amount of Each Disbursement this Period 66.77
City Litchfield	State IL Zip Code 62056-1090	
Purpose of Disbursement Travel: fuel	Candidate Name	<b>Transaction ID : B-E-16739</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 65.19
City Springfield	State IL Zip Code 62702-6012	
Purpose of Disbursement Travel: fuel	Candidate Name	<b>Transaction ID : B-E-16743</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 64.5
City Springfield	State IL Zip Code 62702-6012	
Purpose of Disbursement Travel: fuel	Candidate Name	<b>Transaction ID : B-E-16745</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	196.46
<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 42 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Courier Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 111 Race Street		Amount of Each Disbursement this Period 96 <b>Transaction ID : B-E-16746</b>
City Urbana State IL Zip Code 61801	Purpose of Disbursement Travel: meals 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Urbana Express</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 306 E Main Street		Amount of Each Disbursement this Period 62.3 <b>Transaction ID : B-E-16742</b>
City Urbana State IL Zip Code 61802-2730	Purpose of Disbursement Travel: fuel 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Courier Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 111 Race Street		Amount of Each Disbursement this Period 21.61 <b>Transaction ID : B-E-16749</b>
City Urbana State IL Zip Code 61801	Purpose of Disbursement Travel: meals 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	179.91
<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 43 OF 113		
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 72.72 <b>Transaction ID : B-E-16754</b>
City Springfield State IL Zip Code 62702-6012	Purpose of Disbursement Travel: fuel Candidate Name Category/Type 002	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 73.93 <b>Transaction ID : B-E-16755</b>
City Springfield State IL Zip Code 62702-6012	Purpose of Disbursement Travel: fuel Candidate Name Category/Type 002	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Consolidated Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address PO Box 2564		Amount of Each Disbursement this Period 43.07 <b>Transaction ID : B-E-16753</b>
City Decatur State IL Zip Code 62525-2564	Purpose of Disbursement Administrative/Salary/Overhead: phone Candidate Name Category/Type 001	
Office Sought: House Senate President Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	189.72
<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 44 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Courier Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 111 Race Street		Amount of Each Disbursement this Period ..... 15
City Urbana	State IL Zip Code 61801	
Purpose of Disbursement Travel: meals	Category/Type 002	<b>Transaction ID : B-E-16752</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address PO Box 6170		Amount of Each Disbursement this Period ..... 636.97
City Carol Stream	State IL Zip Code 60197	
Purpose of Disbursement Administrative/Salary/Overhead: phone	Category/Type 001	<b>Transaction ID : B-E-16757</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period ..... 39.13
City Springfield	State IL Zip Code 62702-6012	
Purpose of Disbursement Travel: fuel	Category/Type 002	<b>Transaction ID : B-E-16760</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	..... 691.10
<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 45 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Crane Alley</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 115 W Main Street		Amount of Each Disbursement this Period 333.69 <b>Transaction ID : B-E-16763</b>
City Urbana State IL Zip Code 61801-2737	Purpose of Disbursement Travel: meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Exxon Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 407A N Dunlap Avenue		Amount of Each Disbursement this Period 55.16 <b>Transaction ID : B-E-16761</b>
City Savoy State IL Zip Code 61874-8049	Purpose of Disbursement Travel: fuel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Murphy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 511 S Dunlap Avenue		Amount of Each Disbursement this Period 48.43 <b>Transaction ID : B-E-16758</b>
City Savoy State IL Zip Code 61874-8720	Purpose of Disbursement Travel: fuel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	333.69
<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 46 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Urbana Express</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 306 E Main Street		Amount of Each Disbursement this Period 70.8
City Urbana	State IL Zip Code 61802-2730	
Purpose of Disbursement Travel: fuel	Category/Type 002	<b>Transaction ID : B-E-16759</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tony Ashby</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 603 Mitchell Court		Amount of Each Disbursement this Period 100
City Champaign	State IL Zip Code 61821-3533	
Purpose of Disbursement Newspaper service	Category/Type 001	<b>Transaction ID : B-E-16762</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Randi L Parr</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 2020 10th Street Apt. 304		Amount of Each Disbursement this Period 200
City Charleston	State IL Zip Code 61920-3435	
Purpose of Disbursement Fundraising Consultant Fee	Category/Type 001	<b>Transaction ID : B-E-16769</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	370.80
<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 47 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Marathon Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address Springfield Ave		Amount of Each Disbursement this Period 28.3
City Urbana	State IL Zip Code 61820	
Purpose of Disbursement Travel: fuel	Category/Type 002	<b>Transaction ID : B-E-16772</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 71.57
City Springfield	State IL Zip Code 62702-6012	
Purpose of Disbursement Travel: fuel	Category/Type 002	<b>Transaction ID : B-E-16774</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Courier Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 111 Race Street		Amount of Each Disbursement this Period 14.5
City Urbana	State IL Zip Code 61801	
Purpose of Disbursement Travel: meals	Category/Type 002	<b>Transaction ID : B-E-16773</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	114.37
<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 48 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Casey's General Store</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012	
Mailing Address 3001 E Clear Lake Avenue			Amount of Each Disbursement this Period 62.63	
City Springfield	State IL	Zip Code 62702-6012	Transaction ID : B-E-16776	
Purpose of Disbursement Travel: fuel		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Meijer</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012	
Mailing Address 2500 Philo Road			Amount of Each Disbursement this Period 64.32	
City Urbana	State IL	Zip Code 61802-8044	Transaction ID : B-E-16779	
Purpose of Disbursement Travel: fuel		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Urbana Express</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012	
Mailing Address 306 E Main Street			Amount of Each Disbursement this Period 74.53	
City Urbana	State IL	Zip Code 61802-2730	Transaction ID : B-E-16777	
Purpose of Disbursement Travel: fuel		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	201.48
<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 49 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2012
Mailing Address PO Box 6170		Amount of Each Disbursement this Period 730.77
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Administrative/Salary/Overhead: phone	<b>Transaction ID : B-E-16778</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Walmart</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2012
Mailing Address 2040 Lawn Dr		Amount of Each Disbursement this Period 23.78
City Rantoul	State IL	
Zip Code 61866	Purpose of Disbursement office supplies	<b>Transaction ID : B-E-16775</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Crane Alley</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2012
Mailing Address 115 W Main Street		Amount of Each Disbursement this Period 86.64
City Urbana	State IL	
Zip Code 61801-2737	Purpose of Disbursement Travel: fuel	<b>Transaction ID : B-E-16780</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	841.19
<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 50 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Casey's General Store</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012
Mailing Address 3001 E Clear Lake Avenue			Amount of Each Disbursement this Period 49.5 <b>Transaction ID : B-E-16784</b>
City Springfield	State IL	Zip Code 62702-6012	
Purpose of Disbursement Travel: fuel		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Casey's General Store</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012
Mailing Address 3001 E Clear Lake Avenue			Amount of Each Disbursement this Period 55.14 <b>Transaction ID : B-E-16785</b>
City Springfield	State IL	Zip Code 62702-6012	
Purpose of Disbursement Travel: fuel		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Casey's General Store</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2012
Mailing Address 3001 E Clear Lake Avenue			Amount of Each Disbursement this Period 61.05 <b>Transaction ID : B-E-16786</b>
City Springfield	State IL	Zip Code 62702-6012	
Purpose of Disbursement Travel: fuel		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	165.69
<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 51 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Casey's General Store</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2012
Mailing Address 3001 E Clear Lake Avenue			Amount of Each Disbursement this Period 65.76 <b>Transaction ID : B-E-16787</b>
City Springfield	State IL	Zip Code 62702-6012	
Purpose of Disbursement Travel: fuel		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Alexander's Steakhouse</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 202 W Anthony Drive			Amount of Each Disbursement this Period 87.61 <b>Transaction ID : B-E-16788</b>
City Champaign	State IL	Zip Code 61822-1218	
Purpose of Disbursement Travel: meals		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Courier Cafe</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address 111 Race Street			Amount of Each Disbursement this Period 6.37 <b>Transaction ID : B-E-16789</b>
City Urbana	State IL	Zip Code 61801	
Purpose of Disbursement Travel: meals		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	159.74
<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 52 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 48.54
City Springfield	State IL	
Zip Code 62702-6012	Purpose of Disbursement Travel: fuel	<b>Transaction ID : B-E-16791</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Alexander's Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 202 W Anthony Drive		Amount of Each Disbursement this Period 18.19
City Champaign	State IL	
Zip Code 61822-1218	Purpose of Disbursement Travel: meals	<b>Transaction ID : B-E-16793</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 73.35
City Springfield	State IL	
Zip Code 62702-6012	Purpose of Disbursement Travel: fuel	<b>Transaction ID : B-E-16795</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	140.08
<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 53 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 59.73
City Springfield	State IL Zip Code 62702-6012	
Purpose of Disbursement Travel: fuel	Category/Type 002	<b>Transaction ID : B-E-16801</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Decker Consulting Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 244 14th Place NE Suite 2		Amount of Each Disbursement this Period 2000
City Washington	State DC Zip Code 20002-8448	
Purpose of Disbursement fundraising consultant	Category/Type 001	<b>Transaction ID : B-E-16798</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Decker Consulting Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 244 14th Place NE Suite 2		Amount of Each Disbursement this Period 2800
City Washington	State DC Zip Code 20002-8448	
Purpose of Disbursement fundraising consultant	Category/Type 001	<b>Transaction ID : B-E-16799</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4859.73
<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 54 OF 113		
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Robert E Johnson</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2012
Mailing Address 902 Crestwood Drive		Amount of Each Disbursement this Period 2594.59
City Urbana	State IL Zip Code 61801-5202	
Purpose of Disbursement Administrative/Salary/Overhead: salary	Candidate Name	Transaction ID : B-E-16797
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Alexander's Steakhouse</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2012
Mailing Address 202 W Anthony Drive		Amount of Each Disbursement this Period 80.48
City Champaign	State IL Zip Code 61822-1218	
Purpose of Disbursement Travel: melas	Candidate Name	Transaction ID : B-E-16803
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Marathon Oil</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2012
Mailing Address Springfield Ave		Amount of Each Disbursement this Period 62.12
City Urbana	State IL Zip Code 61820	
Purpose of Disbursement Travel: fuel	Candidate Name	Transaction ID : B-E-16802
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2737.19
<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 55 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Marathon Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address Springfield Ave		Amount of Each Disbursement this Period 72.68
City Urbana	State IL Zip Code 61820	
Purpose of Disbursement Travel: fuel	Category/Type 002	<b>Transaction ID : B-E-16805</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Meijer</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 2500 Philo Road		Amount of Each Disbursement this Period 69.95
City Urbana	State IL Zip Code 61802-8044	
Purpose of Disbursement Travel: fuel	Category/Type 002	<b>Transaction ID : B-E-16806</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Alexander's Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 202 W Anthony Drive		Amount of Each Disbursement this Period 87.92
City Champaign	State IL Zip Code 61822-1218	
Purpose of Disbursement Travel: meals	Category/Type 002	<b>Transaction ID : B-E-16816</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	230.55
<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 56 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Buffalo Wild Wings</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 1335 Savoy Plaza Drive			Amount of Each Disbursement this Period 51.24 <b>Transaction ID : B-E-16812</b>
City Savoy	State IL	Zip Code 61874	
Purpose of Disbursement Travel: meals		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Casey's General Store</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 3001 E Clear Lake Avenue			Amount of Each Disbursement this Period 71.6 <b>Transaction ID : B-E-16815</b>
City Springfield	State IL	Zip Code 62702-6012	
Purpose of Disbursement Travel: fuel		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Exxon Mobile</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 407A N Dunlap Avenue			Amount of Each Disbursement this Period 49.23 <b>Transaction ID : B-E-16808</b>
City Savoy	State IL	Zip Code 61874-8049	
Purpose of Disbursement Travel: fuel		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	172.07
<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 57 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Exxon Mobile</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 407A N Dunlap Avenue		Amount of Each Disbursement this Period 60.74
City Savoy State IL Zip Code 61874-8049	Purpose of Disbursement Travel: fuel	
Candidate Name	002 Category/Type	<b>Transaction ID : B-E-16809</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Marathon Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address Springfield Ave		Amount of Each Disbursement this Period 69
City Urbana State IL Zip Code 61820	Purpose of Disbursement Travel: fuel	
Candidate Name	002 Category/Type	<b>Transaction ID : B-E-16814</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address PO Box 6170		Amount of Each Disbursement this Period 195.71
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Administrative/Salary/Overhead: phones	
Candidate Name	001 Category/Type	<b>Transaction ID : B-E-16817</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	325.45
<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 58 OF 113		
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 63.21 <b>Transaction ID : B-E-16819</b>
City Springfield	State IL Zip Code 62702-6012	
Purpose of Disbursement Travel: fuel	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Busey Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address 201 W Main Street		Amount of Each Disbursement this Period 0.37 <b>Transaction ID : B-E-16824</b>
City Urbana	State IL Zip Code 61801-2621	
Purpose of Disbursement service charge	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Casey's General Store</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address 3001 E Clear Lake Avenue		Amount of Each Disbursement this Period 65.94 <b>Transaction ID : B-E-16821</b>
City Springfield	State IL Zip Code 62702-6012	
Purpose of Disbursement Travel: fuel	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	129.52
<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 59 OF 113			
	<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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. Crane Alley</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2012
Mailing Address 115 W Main Street		Amount of Each Disbursement this Period 140.89 <b>Transaction ID : B-E-16823</b>
City Urbana State IL Zip Code 61801-2737	Purpose of Disbursement Travel: meals Candidate Name Category/Type 002	
Office Sought: House Senate President State: District:	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Tony Ashby</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2012
Mailing Address 603 Mitchell Court		Amount of Each Disbursement this Period 100 <b>Transaction ID : B-E-16822</b>
City Champaign State IL Zip Code 61821-3533	Purpose of Disbursement Newspaper service Candidate Name Category/Type 001	
Office Sought: House Senate President State: District:	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	240.89
<b>TOTAL</b> This Period (last page this line number only).....	57329.41

**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 60 OF 113	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <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. John Henriksen</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012
Mailing Address 725 W Vine Street		Amount of Each Disbursement this Period 250 <b>Transaction ID : B-E-16590</b>
City Springfield	State IL	
Zip Code 62704-2848	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. The Bowmark Consulting Group</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 119 W Lawrence Avenue		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-16948</b>
City Springfield	State IL	
Zip Code 62704-2609	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. James Bruner</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 202 Carobeth Drive		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-16963</b>
City Jacksonville	State IL	
Zip Code 62650	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2250.00
<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)	PAGE 61 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Robert Clifford</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 840 N Lake Shore Drive # 2501		Amount of Each Disbursement this Period 2000 <b>Transaction ID : B-E-16984</b>
City Chicago State IL Zip Code 60611-2489	Purpose of Disbursement Contribution Refund: refund 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jennifer Morrison</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 17068 Altig Bridge Avenue		Amount of Each Disbursement this Period 250 <b>Transaction ID : B-E-16949</b>
City Petersburg State IL Zip Code 62675-6679	Purpose of Disbursement Contribution Refund: refund 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jack Chamblin</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 13531 E 600th Ave		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-16615</b>
City Robinson State IL Zip Code 62454	Purpose of Disbursement Contribution Refund: refund 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2750.00
<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)	PAGE 62 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. L.E. Davis</b>			Date of Disbursement MM / DD / YYYY 05 / 08 / 2012	
Mailing Address P.O. Box 345			Amount of Each Disbursement this Period 200	
City Champaign	State IL	Zip Code 61824	Transaction ID : B-E-16953	
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Mark Koster</b>			Date of Disbursement MM / DD / YYYY 05 / 08 / 2012	
Mailing Address 1114 W William St			Amount of Each Disbursement this Period 200	
City Champaign	State IL	Zip Code 61821	Transaction ID : B-E-16954	
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Jan Miller</b>			Date of Disbursement MM / DD / YYYY 05 / 08 / 2012	
Mailing Address 1008 S Garfield Avenue			Amount of Each Disbursement this Period 1000	
City Urbana	State IL	Zip Code 61801-4935	Transaction ID : B-E-16952	
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1400.00
<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)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

**A. Claire Manning**

Full Name (Last, First, Middle Initial)  
Mailing Address 1617 W Leland Avenue

City Springfield State IL Zip Code 62704-3359

Purpose of Disbursement  
Contribution Refund: refund

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 05 / 09 / 2012

Amount of Each Disbursement this Period: 150

Transaction ID : B-E-16825

Category/Type: 010

**B. Thomas M Scott**

Full Name (Last, First, Middle Initial)  
Mailing Address 3639 N Bosworth Avenue

City Chicago State IL Zip Code 60613-3603

Purpose of Disbursement  
Contribution Refund: refund

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 05 / 09 / 2012

Amount of Each Disbursement this Period: 500

Transaction ID : B-E-16985

Category/Type: 010

**C. Eric Check**

Full Name (Last, First, Middle Initial)  
Mailing Address 161 N Clark Street

City Chicago State IL Zip Code 60601-3206

Purpose of Disbursement  
Contribution Refund: refund

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 05 / 16 / 2012

Amount of Each Disbursement this Period: 250

Transaction ID : B-E-17001

Category/Type: 010

**SUBTOTAL** of Disbursements This Page (optional) ..... 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Mark Inman</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2012
Mailing Address PO Box 1367		Amount of Each Disbursement this Period 250
City Palatine	State IL	Zip Code 60078-1367
Purpose of Disbursement Contribution Refund: refund	Category/ Type 010	
Candidate Name	Transaction ID : B-E-17002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Steven Jambois</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2012
Mailing Address 423 West Willow		Amount of Each Disbursement this Period 2000
City Chicago	State IL	Zip Code 60614
Purpose of Disbursement Contribution Refund: refund	Category/ Type 010	
Candidate Name	Transaction ID : B-E-17003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Alex Sukhman</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2012
Mailing Address 3900 Kiess Drive		Amount of Each Disbursement this Period 1000
City Glenview	State IL	Zip Code 60026-1083
Purpose of Disbursement Contribution Refund: refund	Category/ Type 010	
Candidate Name	Transaction ID : B-E-17004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3250.00
<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)	PAGE 65 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Allen Schwartz</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 60 W Randolph Street			Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-17005</b>
City Chicago	State IL	Zip Code 60601-3392	
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Jim Capel III</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 8 Greencroft Drive			Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-16826</b>
City Champaign	State IL	Zip Code 61821-5118	
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Barham Benefit Group</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 919 W Kirby Avenue			Amount of Each Disbursement this Period 150 <b>Transaction ID : B-E-16895</b>
City Champaign	State IL	Zip Code 61821-5121	
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1650.00
<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)	PAGE 66 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Bryant Industries Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 1404 Warrington Avenue		Amount of Each Disbursement this Period 400 <b>Transaction ID : B-E-16991</b>
City Danville State IL Zip Code 61832-5325	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. William Acton</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 29388 Henning Road		Amount of Each Disbursement this Period 100 <b>Transaction ID : B-E-16887</b>
City Alvin State IL Zip Code 61811	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Charles Adams</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 21 Saint Andrews		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-16835</b>
City Mattoon State IL Zip Code 61938	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<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)	PAGE 67 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Jack Allen</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 108 E. Buckner		Amount of Each Disbursement this Period ..... 50
City Tuscola	State IL	
Zip Code 61953		<b>Transaction ID : B-E-16855</b>
Purpose of Disbursement Contribution Refund: refund		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. John Atwell</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 12355 E. County Road 210N		Amount of Each Disbursement this Period ..... 25
City Lerna	State IL	
Zip Code 62440		<b>Transaction ID : B-E-16914</b>
Purpose of Disbursement Contribution Refund: refund		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Daniel Baechle</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 10 Maple Street		Amount of Each Disbursement this Period ..... 101
City Yorkville	State IL	
Zip Code 60560-9529		<b>Transaction ID : B-E-16839</b>
Purpose of Disbursement Contribution Refund: refund		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	..... 176.00
<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)	PAGE 68 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Janice Bahr</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 2506 Stanford Dr		Amount of Each Disbursement this Period ..... 20
City Champaign	State IL	
Zip Code 61820	Purpose of Disbursement Contribution Refund: refund	<b>Transaction ID : B-E-16911</b>
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. James Bickers</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 1707 Brad		Amount of Each Disbursement this Period ..... 100
City Urbana	State IL	
Zip Code 61802	Purpose of Disbursement Contribution Refund: refund	<b>Transaction ID : B-E-16857</b>
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jack Blevins</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 912 N. Riverview Ln.		Amount of Each Disbursement this Period ..... 50
City Mahomet	State IL	
Zip Code 61853-9768	Purpose of Disbursement Contribution Refund: refund	<b>Transaction ID : B-E-16909</b>
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	..... 170.00
<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)	PAGE 69 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Christopher Burian</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 405 Waltham Street # 383		Amount of Each Disbursement this Period 20.12 <b>Transaction ID : B-E-16897</b>
City Lexington State MA Zip Code 02421-7934	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robert Carroll</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 17583 N. 1090 East Road		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-16877</b>
City Pontiac State IL Zip Code 61764	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jack Chamblin</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 13531 E 600th Ave		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-16990</b>
City Robinson State IL Zip Code 62454	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	545.12
<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 70 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Donald Cler</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 306 W Central Avenue		Amount of Each Disbursement this Period 100 <b>Transaction ID : B-E-16900</b>
City Thomasboro	State IL	
Zip Code 61878-9667	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Don Cochonour</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address PO Box 185		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-16899</b>
City Casey	State IL	
Zip Code 62420	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Charles Collins</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 503 McGee Road		Amount of Each Disbursement this Period 200 <b>Transaction ID : B-E-16836</b>
City Urbana	State IL	
Zip Code 61802	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	325.00
<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)	PAGE 71 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. David Combs</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 2014 Prairie View		Amount of Each Disbursement this Period 200 <b>Transaction ID : B-E-16841</b>
City Urbana	State IL Zip Code 61802	
Purpose of Disbursement Contribution Refund: refund	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gery Conlin</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 320 Crestwood Drive		Amount of Each Disbursement this Period 250 <b>Transaction ID : B-E-16851</b>
City Arthur	State IL Zip Code 61911	
Purpose of Disbursement Contribution Refund: refund	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Laurence Crofutt</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 1020 13th Street		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-16921</b>
City Charleston	State IL Zip Code 61920-2905	
Purpose of Disbursement Contribution Refund: refund	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	475.00
<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)	PAGE 72 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Paul Curtis</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 3902 South Duncan		Amount of Each Disbursement this Period 310.00 <b>Transaction ID : B-E-16930</b>
City Champaign	State IL	
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. L. Daniels</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 105 S York Street Suite 500		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : B-E-16864</b>
City Elmhurst	State IL	
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Rita Deters</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 2309 A Melrose Drive		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : B-E-16875</b>
City Champaign	State IL	
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	310.00
<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)	PAGE 73 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Attorney a Warren Dulski</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012		
Mailing Address 4108 N Cicero Avenue			Amount of Each Disbursement this Period 250		
City Chicago	State IL	Zip Code 60641-2065	Transaction ID : B-E-16885		
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Bill Durre</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012		
Mailing Address 24819 N 600 East Road			Amount of Each Disbursement this Period 25		
City Streator	State IL	Zip Code 61364-8869	Transaction ID : B-E-16832		
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Charles Dyer</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012		
Mailing Address 1521 N. Logan Ave.			Amount of Each Disbursement this Period 10		
City Danville	State IL	Zip Code 61832	Transaction ID : B-E-16837		
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	285.00
<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)	PAGE 74 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. David Eckerty</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2012		
Mailing Address 225 W. Chestnut			Amount of Each Disbursement this Period 25		
City Paxton	State IL	Zip Code 60957	Transaction ID : B-E-16840		
Purpose of Disbursement Contribution Refund: refund		010 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. J. Andrew Edwards</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2012		
Mailing Address 990A County Road 1350 East			Amount of Each Disbursement this Period 400		
City Tolono	State IL	Zip Code 61880	Transaction ID : B-E-16853		
Purpose of Disbursement Contribution Refund: refund		010 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Robert Fackler</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2012		
Mailing Address 310 S. Vorcey			Amount of Each Disbursement this Period 25		
City Tolono	State IL	Zip Code 61880	Transaction ID : B-E-16876		
Purpose of Disbursement Contribution Refund: refund		010 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	450.00
<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)	PAGE 75 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. James Finnegan</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 201 Imperial Drive		Amount of Each Disbursement this Period 200 <b>Transaction ID : B-E-16858</b>
City Bloomington	State IL	
Zip Code 61701-2029	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Gerald R. Forsythe</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 18240 E 2150th Road		Amount of Each Disbursement this Period 2500 <b>Transaction ID : B-E-16850</b>
City Marshall	State IL	
Zip Code 62441-3423	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Roger Frick</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 1801 Trails Drive		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-16935</b>
City Urbana	State IL	
Zip Code 61802-7081	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2725.00
<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)	PAGE 76 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Marjorie Frye</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address PO Box 104		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-16924</b>
City Donovan	State IL	
Zip Code 60931	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jean Gates</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 2317 Brookshire E		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-16912</b>
City Champaign	State IL	
Zip Code 61821	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Robert Gilhaus</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 2 Oliver Court		Amount of Each Disbursement this Period 10 <b>Transaction ID : B-E-16878</b>
City Downs	State IL	
Zip Code 61736-7595	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	60.00
<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)	PAGE 77 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Thomas Gooding</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 220 Patterson Drive		Amount of Each Disbursement this Period 100 <b>Transaction ID : B-E-16883</b>
City Hillsboro State IL Zip Code 62049-2016	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Duane Goodwin</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 1374 County Road 2125 E		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-16846</b>
City Saint Joseph State IL Zip Code 61873-9719	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Douglas Goodwine</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 1110 W Clark Street		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-16901</b>
City Champaign State IL Zip Code 61821-3240	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	150.00
<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)	PAGE 78 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Stephen Gordon</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 3051B County Road 1300E		Amount of Each Disbursement this Period 125 <b>Transaction ID : B-E-16942</b>
City Rantoul State IL Zip Code 61866	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. John Hamilton</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 18262 N. 1750 East Rd.		Amount of Each Disbursement this Period 50 <b>Transaction ID : B-E-16916</b>
City Pontiac State IL Zip Code 61764	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Gordon Hannagan</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 2451 County Road 2800 N		Amount of Each Disbursement this Period 50 <b>Transaction ID : B-E-16852</b>
City Penfield State IL Zip Code 61862-9731	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	225.00
<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)	PAGE 79 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. M.A. Hardy-McCormick</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 7600 W College Drive		Amount of Each Disbursement this Period ..... 25
City Palos Heights State IL Zip Code 60463-1001	Purpose of Disbursement Contribution Refund: refund	Transaction ID : B-E-16923
Candidate Name	Category/Type 010	
Office Sought: House Senate President	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Laura Hartman</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 700 W Grand Ave		Amount of Each Disbursement this Period ..... 500
City Saint Joseph State IL Zip Code 61873	Purpose of Disbursement Contribution Refund: refund	Transaction ID : B-E-16865
Candidate Name	Category/Type 010	
Office Sought: House Senate President	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Lola Hayes</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 3874 N 925th St		Amount of Each Disbursement this Period ..... 50
City Paris State IL Zip Code 61944	Purpose of Disbursement Contribution Refund: refund	Transaction ID : B-E-16868
Candidate Name	Category/Type 010	
Office Sought: House Senate President	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	..... 575.00
<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)	PAGE 80 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Morris Hecker</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 1108 Country Ln.		Amount of Each Disbursement this Period 100 <b>Transaction ID : B-E-16926</b>
City Champaign	State IL	
Zip Code 61821	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Charles Hepler</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 1617 Maynard		Amount of Each Disbursement this Period 50 <b>Transaction ID : B-E-16896</b>
City Champaign	State IL	
Zip Code 61822-5271	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Fred Hocking</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 7190 E 650 Road		Amount of Each Disbursement this Period 50 <b>Transaction ID : B-E-16904</b>
City Mount Carmel	State IL	
Zip Code 62863-4898	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	200.00
<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)	PAGE 81 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Anita Hodge</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 1828 County Road 50 East		Amount of Each Disbursement this Period ..... 25
City Seymour	State IL	
Zip Code 61875	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Donald Hutchens</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 13250 N. 1100th St.		Amount of Each Disbursement this Period ..... 25
City Martinsville	State IL	
Zip Code 62442	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Russell Jackson</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 109 E. Parkview		Amount of Each Disbursement this Period ..... 35
City Forrest	State IL	
Zip Code 61741	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	..... 85.00
<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)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

Full Name (Last, First, Middle Initial) <b>A. Jean Jones</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 930 E. Washington St.		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-16860</b>
City Pontiac	State IL	
Zip Code 61764	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Robert Jones</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 1205 E. Main		Amount of Each Disbursement this Period 125 <b>Transaction ID : B-E-16879</b>
City Danville	State IL	
Zip Code 61832	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Charles W. Jordan</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 321 W South Street		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-16838</b>
City Grayville	State IL	
Zip Code 62844-1534	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	175.00
<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)	PAGE 83 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Richard Kaelin</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 2308 Verona Court		Amount of Each Disbursement this Period 50 <b>Transaction ID : B-E-16932</b>
City Champaign	State IL	
Zip Code 61821	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Lawrence Kanfer</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 3201 Cypress Creek Road		Amount of Each Disbursement this Period 50 <b>Transaction ID : B-E-16866</b>
City Champaign	State IL	
Zip Code 61822-7595	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Joseph Karinattu</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 52 Maywood		Amount of Each Disbursement this Period 100 <b>Transaction ID : B-E-16919</b>
City Danville	State IL	
Zip Code 61832	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	200.00
<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)	PAGE 84 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Fred Koester</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 8 6th Drive		Amount of Each Disbursement this Period ..... 25
City Decatur	State IL	
Zip Code 62521	Purpose of Disbursement Contribution Refund: refund	<b>Transaction ID : B-E-16848</b>
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Donald Kruse</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 612 Ventura Road		Amount of Each Disbursement this Period ..... 10
City Champaign	State IL	
Zip Code 61820-7036	Purpose of Disbursement Contribution Refund: refund	<b>Transaction ID : B-E-16845</b>
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. J.W. Lane</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address PO Box 78		Amount of Each Disbursement this Period ..... 100
City Chenoa	State IL	
Zip Code 61726	Purpose of Disbursement Contribution Refund: refund	<b>Transaction ID : B-E-16854</b>
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	..... 135.00
<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)	PAGE 85 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Carl Larson</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 411 E Mumford Drive		Amount of Each Disbursement this Period 100 <b>Transaction ID : B-E-16834</b>
City Urbana	State IL Zip Code 61801-6230	
Purpose of Disbursement Contribution Refund: refund	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ronald Lenington</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address PO Box 104		Amount of Each Disbursement this Period 10 <b>Transaction ID : B-E-16880</b>
City Buckley	State IL Zip Code 60918-0104	
Purpose of Disbursement Contribution Refund: refund	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mary Ann Luedtke</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 2206 Combes St		Amount of Each Disbursement this Period 34 <b>Transaction ID : B-E-16871</b>
City Urbana	State IL Zip Code 61801	
Purpose of Disbursement Contribution Refund: refund	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	144.00
<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)	PAGE 86 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Donald Lukach</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 64 Holliday Drive		Amount of Each Disbursement this Period 30 <b>Transaction ID : B-E-16843</b>
City Clinton	State IL	
Zip Code 61727	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Richard Masel</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 2603 Lakeview Drive		Amount of Each Disbursement this Period 200 <b>Transaction ID : B-E-16873</b>
City Champaign	State IL	
Zip Code 61822	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. John McKim</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address PO Box 308		Amount of Each Disbursement this Period 100 <b>Transaction ID : B-E-16915</b>
City Lawrenceville	State IL	
Zip Code 62439-0308	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	330.00
<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)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

Full Name (Last, First, Middle Initial)  
**A. Louis Mervis**

Mailing Address 2001 N. Logan

City Danville State IL Zip Code 61832

Purpose of Disbursement  
Contribution Refund: refund

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 04 / 2012

Amount of Each Disbursement this Period  
1000

Transaction ID : B-E-16869

Category/Type  
010

Full Name (Last, First, Middle Initial)  
**B. Steven Miller**

Mailing Address 2708 E Perkins Road

City Urbana State IL Zip Code 61802-7736

Purpose of Disbursement  
Contribution Refund: refund

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 04 / 2012

Amount of Each Disbursement this Period  
100

Transaction ID : B-E-16882

Category/Type  
010

Full Name (Last, First, Middle Initial)  
**c. Lloyd Murphy**

Mailing Address 715 Lakeshore Drive

City Tuscola State IL Zip Code 61953

Purpose of Disbursement  
Contribution Refund: refund

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 04 / 2012

Amount of Each Disbursement this Period  
50

Transaction ID : B-E-16867

Category/Type  
010

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

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

1150.00

**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)	PAGE 88 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Stephen Myers</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 202 W Adams Street		Amount of Each Disbursement this Period 150 <b>Transaction ID : B-E-16943</b>
City Clinton	State IL	
Zip Code 61727-1904	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. John Narmont</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 209 N Bruns Lane		Amount of Each Disbursement this Period 100 <b>Transaction ID : B-E-16861</b>
City Springfield	State IL	
Zip Code 62702-4612	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Imogene Newlin</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 1132 E. Clinton Ave.		Amount of Each Disbursement this Period 116 <b>Transaction ID : B-E-16908</b>
City Farmer City	State IL	
Zip Code 61842	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	366.00
<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)	PAGE 89 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Richard Niemann</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 2408 Old Orchard Road			Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-16874</b>
City Quincy	State IL	Zip Code 62301	
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Stanley O'Connor</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 1151 County Road 1800 E			Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-16881</b>
City Urbana	State IL	Zip Code 61802-9535	
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Marvarine Pirtle</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 602 E Bradley Avenue			Amount of Each Disbursement this Period 50 <b>Transaction ID : B-E-16870</b>
City Champaign	State IL	Zip Code 61820-2409	
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	575.00
<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)	PAGE 90 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Richard Porter</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 4504 Crossgate Drive		Amount of Each Disbursement this Period ..... 25
City Champaign State IL Zip Code 61822-9353	Purpose of Disbursement Contribution Refund: refund	
Candidate Name	Category/Type 010	Transaction ID : B-E-16933
Office Sought: House Senate President	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hastings Printing</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 111 West Sale P O Box 122		Amount of Each Disbursement this Period ..... 75
City Tuscola State IL Zip Code 61953	Purpose of Disbursement Contribution Refund: refund	
Candidate Name	Category/Type 010	Transaction ID : B-E-16907
Office Sought: House Senate President	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ronald Prochnow</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address P.O. Box 566		Amount of Each Disbursement this Period ..... 50
City Hudson State IL Zip Code 61748	Purpose of Disbursement Contribution Refund: refund	
Candidate Name	Category/Type 010	Transaction ID : B-E-16936
Office Sought: House Senate President	Disbursement For: 2012 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	..... 150.00
<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)	PAGE 91 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. June K. Quint</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 624 E Sangamon Avenue		Amount of Each Disbursement this Period 35 <b>Transaction ID : B-E-16920</b>
City Rantoul State IL Zip Code 61866-2518	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Richard Ramsey</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 5455 Ramsey Road		Amount of Each Disbursement this Period 50 <b>Transaction ID : B-E-16934</b>
City Rochester State IL Zip Code 62563-8320	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Gene Randall</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 306 S. Neil Street		Amount of Each Disbursement this Period 200 <b>Transaction ID : B-E-16849</b>
City Champaign State IL Zip Code 61821	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	285.00
<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)	PAGE 92 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. James Rieger</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2012		
Mailing Address 36 Pleasantview Drive Box 82			Amount of Each Disbursement this Period 50		
City Forrest	State IL	Zip Code 61741	Transaction ID : B-E-16859		
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Kenneth Rohr</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2012		
Mailing Address PO Box 282			Amount of Each Disbursement this Period 100		
City Chebanse	State IL	Zip Code 60922-0282	Transaction ID : B-E-16863		
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Melvin Schriefer</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2012		
Mailing Address 203 W. Railroad Ave.			Amount of Each Disbursement this Period 250		
City Alvin	State IL	Zip Code 61811	Transaction ID : B-E-16925		
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	400.00
<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)	PAGE 93 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Paul Schroeder</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 915 Bonnie Brae		Amount of Each Disbursement this Period 100 <b>Transaction ID : B-E-16872</b>
City River Forest	State IL	
Zip Code 60305	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Harold Sherline</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 1411 Stinson Avenue		Amount of Each Disbursement this Period 25 <b>Transaction ID : B-E-16906</b>
City Mattoon	State IL	
Zip Code 61938-5939	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Thomas Shipman</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 2417 Barbour Road		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-16884</b>
City Falls Church	State VA	
Zip Code 22043-3026	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	625.00
<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)	PAGE 94 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Ruth Shonk</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2012	
Mailing Address 20266 N. 525th St.			Amount of Each Disbursement this Period 25	
City Annapolis	State IL	Zip Code 62413	Transaction ID : B-E-16939	
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. D.S. Shwayder</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2012	
Mailing Address 1802 S Race			Amount of Each Disbursement this Period 25	
City Urbana	State IL	Zip Code 61801	Transaction ID : B-E-16898	
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Sylvia Smith</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2012	
Mailing Address 2805 E. Main St.			Amount of Each Disbursement this Period 25	
City Urbana	State IL	Zip Code 61802	Transaction ID : B-E-16945	
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	75.00
<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)	PAGE 95 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Stan Stark</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2012		
Mailing Address 11 Payne Drive			Amount of Each Disbursement this Period 75		
City Paris	State IL	Zip Code 61944	Transaction ID : B-E-16941		
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. James E. Stephens</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2012		
Mailing Address 750 W Marion Avenue			Amount of Each Disbursement this Period 35		
City Forsyth	State IL	Zip Code 62535-1097	Transaction ID : B-E-16910		
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. John Stokes</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2012		
Mailing Address 500 W Walnut Street			Amount of Each Disbursement this Period 125		
City Tolono	State IL	Zip Code 61880-9009	Transaction ID : B-E-16918		
Purpose of Disbursement Contribution Refund: refund		Category/ Type 010			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	235.00
<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)	PAGE 96 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Abram Turner</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 107 N. Beard		Amount of Each Disbursement this Period 50 <b>Transaction ID : B-E-16891</b>
City Danville	State IL	
Zip Code 61832-6009	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Bradford Wheeler</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 227 E. Woodlawn Avenue		Amount of Each Disbursement this Period 20 <b>Transaction ID : B-E-16833</b>
City Danville	State IL	
Zip Code 61832	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. John Widick</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 1703A Coventry		Amount of Each Disbursement this Period 50 <b>Transaction ID : B-E-16862</b>
City Champaign	State IL	
Zip Code 61822	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	120.00
<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)	PAGE 97 OF 113			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <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. Zack Stamp</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address 601 W Monroe Street		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-16951</b>
City Springfield	State IL Zip Code 62704-1826	
Purpose of Disbursement Contribution Refund: refund	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	25421.12

**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 98 OF 113			
	<input type="checkbox"/> 17 20a <input checked="" 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 Johnson**

Full Name (Last, First, Middle Initial) <b>A. The Freedom Project</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 320 1st Street SE		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-16979</b>
City Washington State DC Zip Code 20003-1838	Purpose of Disbursement Contribution Refund: refund 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Freedom Project</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 320 1st Street SE		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-16987</b>
City Washington State DC Zip Code 20003-1838	Purpose of Disbursement Contribution Refund: refund 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	10000.00

**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)		PAGE 99 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

Full Name (Last, First, Middle Initial) <b>A. For Americas Republican Majority</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 17 / 2012</b>
Mailing Address <b>675 N Washington Street Suite 410</b>		Amount of Each Disbursement this Period <b>1000</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314-1939</b>
Purpose of Disbursement Contribution Refund: refund		Category/ Type <b>010</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

**Transaction ID : B-E-16592**

Full Name (Last, First, Middle Initial) <b>B. Andy Harris for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 19 / 2012</b>
Mailing Address <b>13401 Redcoat Lane</b>		Amount of Each Disbursement this Period <b>500</b>
City <b>Phoenix</b>	State <b>MD</b>	Zip Code <b>21131-2109</b>
Purpose of Disbursement Contribution Refund: refund		Category/ Type <b>010</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

**Transaction ID : B-E-16981**

Full Name (Last, First, Middle Initial) <b>c. Arch Coal PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 19 / 2012</b>
Mailing Address <b>1 City Center</b>		Amount of Each Disbursement this Period <b>1000</b>
City <b>Saint Louis</b>	State <b>MO</b>	Zip Code <b>63101-1883</b>
Purpose of Disbursement Contribution Refund: refund		Category/ Type <b>010</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

**Transaction ID : B-E-16982**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</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 100 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

Full Name (Last, First, Middle Initial) <b>A. Bill Shuster for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 19 / 2012</b>
Mailing Address <b>PO Box 27</b>		Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-16983</b>
City <b>Hollidaysburg</b>	State <b>PA</b>	
Zip Code <b>16648-0027</b>	Purpose of Disbursement Contribution Refund: refund	Category/ Type <b>010</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CMR PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 19 / 2012</b>
Mailing Address <b>PO Box 2485</b>		Amount of Each Disbursement this Period <b>1500</b> <b>Transaction ID : B-E-16973</b>
City <b>Springfield</b>	State <b>VA</b>	
Zip Code <b>22152-0485</b>	Purpose of Disbursement Contribution Refund: refund	Category/ Type <b>010</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CMR PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 19 / 2012</b>
Mailing Address <b>PO Box 2485</b>		Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-16974</b>
City <b>Springfield</b>	State <b>VA</b>	
Zip Code <b>22152-0485</b>	Purpose of Disbursement Contribution Refund: refund	Category/ Type <b>010</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3500.00</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 101 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

Full Name (Last, First, Middle Initial) <b>A. Conaway for Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 19 / 2012
Mailing Address PO Box 51272		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-16975</b>
City Midland	State TX	
Zip Code 79710-1272	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Conaway for Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 19 / 2012
Mailing Address PO Box 51272		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-16988</b>
City Midland	State TX	
Zip Code 79710-1272	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Geoff Davis for Congress</b>		Date of Disbursement MM / DD / YYYY 04 / 19 / 2012
Mailing Address PO Box 17192		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-16977</b>
City Covington	State KY	
Zip Code 41017-0192	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<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)		PAGE 102 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

Full Name (Last, First, Middle Initial) <b>A. Hoosiers for Rokita, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 19 / 2012</b>
Mailing Address <b>7643 E US Highway 36</b>		Amount of Each Disbursement this Period <b>1000</b>
City <b>Avon</b> State <b>IN</b> Zip Code <b>46123-7972</b>	Purpose of Disbursement Contribution Refund: refund	<b>010</b> Category/ Type
Candidate Name	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<b>Transaction ID : B-E-16978</b>

Full Name (Last, First, Middle Initial) <b>B. Morgan Griffith for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 19 / 2012</b>
Mailing Address <b>PO Box 71596</b>		Amount of Each Disbursement this Period <b>500</b>
City <b>Richmond</b> State <b>VA</b> Zip Code <b>23255-1596</b>	Purpose of Disbursement Contribution Refund: 500.	<b>010</b> Category/ Type
Candidate Name	Disbursement For: 2012 <input checked="" 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:	<b>Transaction ID : B-E-16969</b>

Full Name (Last, First, Middle Initial) <b>C. NRA Political Victory Fund</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 19 / 2012</b>
Mailing Address <b>11250 Waples Mill Road</b>		Amount of Each Disbursement this Period <b>1500</b>
City <b>Fairfax</b> State <b>VA</b> Zip Code <b>22030-7400</b>	Purpose of Disbursement Contribution Refund: refund	<b>010</b> Category/ Type
Candidate Name	Disbursement For: 2012 <input checked="" 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:	<b>Transaction ID : B-E-16970</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3000.00</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 103 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

Full Name (Last, First, Middle Initial) <b>A. Olsen for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 19 / 2012</b>
Mailing Address <b>PO Box 16381</b>		Amount of Each Disbursement this Period <b>1000</b> Transaction ID : <b>B-E-16971</b>
City <b>Sugar Land</b> State <b>TX</b> Zip Code <b>77496-6381</b>	Purpose of Disbursement Contribution Refund: refund Category/Type <b>010</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PricewaterhouseCoopers PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 19 / 2012</b>
Mailing Address <b>1900 K Street, NW</b>		Amount of Each Disbursement this Period <b>1000</b> Transaction ID : <b>B-E-16972</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20006</b>	Purpose of Disbursement Contribution Refund: refund Category/Type <b>010</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Prosperity PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 19 / 2012</b>
Mailing Address <b>1006 Pendleton Street</b>		Amount of Each Disbursement this Period <b>3000</b> Transaction ID : <b>B-E-16965</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314-1837</b>	Purpose of Disbursement Contribution Refund: refund Category/Type <b>010</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5000.00</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 104 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

Full Name (Last, First, Middle Initial) <b>A. Texans for Lamar Smith</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 19 / 2012</b>
Mailing Address <b>PO Box 6155</b>		Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-16966</b>
City <b>San Antonio</b> State <b>TX</b> Zip Code <b>78209-0155</b>	Purpose of Disbursement Contribution Refund: refund <b>010</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Home Depot Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 19 / 2012</b>
Mailing Address <b>1155 F Street NW Suite 400</b>		Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-16967</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20004-1346</b>	Purpose of Disbursement Contribution Refund: refund <b>010</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WAL*PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 19 / 2012</b>
Mailing Address <b>702 SW 8th Street</b>		Amount of Each Disbursement this Period <b>2500</b> <b>Transaction ID : B-E-16968</b>
City <b>Bentonville</b> State <b>AR</b> Zip Code <b>72716-8071</b>	Purpose of Disbursement Contribution Refund: refund <b>010</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4500.00</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 105 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

Full Name (Last, First, Middle Initial) <b>A. Midwest Region Laborers' Political League</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 1 N O S C Plaza Suite 525		Amount of Each Disbursement this Period 7,000.00 <b>Transaction ID : B-E-16766</b>
City Springfield State IL Zip Code 62701-1375	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TTX Company Employees PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 101 N Wacker Drive		Amount of Each Disbursement this Period 1,000.00 <b>Transaction ID : B-E-16613</b>
City Chicago State IL Zip Code 60606-1784	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CASSPAC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address PO Box 80694		Amount of Each Disbursement this Period 1,000.00 <b>Transaction ID : B-E-16616</b>
City Baton Rouge State LA Zip Code 70898-0694	Purpose of Disbursement Contribution Refund: contribution refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7000.00
<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)		PAGE 106 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

Full Name (Last, First, Middle Initial) <b>A. McCaul for Congress, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 18 / 2012</b>
Mailing Address <b>815 Brazos Street Suite A PMB 230</b>		Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-16827</b>
City <b>Austin</b> State <b>TX</b> Zip Code <b>78701-2514</b>	Purpose of Disbursement Contribution Refund: refund <b>010</b> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Allstate Insurance Company PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 04 / 2012</b>
Mailing Address <b>2775 Sanders Road Suite A5</b>		Amount of Each Disbursement this Period <b>500</b> <b>Transaction ID : B-E-16892</b>
City <b>Northbrook</b> State <b>IL</b> Zip Code <b>60062-6110</b>	Purpose of Disbursement Contribution Refund: refund <b>010</b> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 04 / 2012</b>
Mailing Address <b>1101 17th St. NW #600</b>		Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-16828</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20036</b>	Purpose of Disbursement Contribution Refund: refund <b>010</b> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2500.00</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 107 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

Full Name (Last, First, Middle Initial) <b>A. American Bankers Association BANKPAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 04 / 2012</b>
Mailing Address <b>1120 Connecticut Avenue NW</b>		Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-16829</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20036-3902</b>	Purpose of Disbursement Contribution Refund: refund <b>010</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-16893</b>
Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. American Sugar Cane League</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 04 / 2012</b>
Mailing Address <b>PO Drawer 938</b>		Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-16893</b>
City <b>Thibodaux</b> State <b>LA</b> Zip Code <b>70302</b>	Purpose of Disbursement Contribution Refund: refund <b>010</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-16830</b>
Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Bayer Corporation Political Action Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 04 / 2012</b>
Mailing Address <b>10 Bayer Rd</b>		Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-16830</b>
City <b>Pittsburgh</b> State <b>PA</b> Zip Code <b>15205</b>	Purpose of Disbursement Contribution Refund: refund <b>010</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period <b>1000</b> <b>Transaction ID : B-E-16830</b>
Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3000.00</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 108 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

Full Name (Last, First, Middle Initial) <b>A. BIKESPAC</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address PO Box 2359		Amount of Each Disbursement this Period 2000 <b>Transaction ID : B-E-16831</b>
City Boulder	State CO	
Zip Code 80306-2359	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Dealers Election Action Committee</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 8400 Westpark Drive		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-16842</b>
City Mc Lean	State VA	
Zip Code 22102	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Dupont Good Government Fund</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 1007 Market Street Floor 2		Amount of Each Disbursement this Period 2000 <b>Transaction ID : B-E-16902</b>
City Wilmington	State DE	
Zip Code 19898-0001	Purpose of Disbursement Contribution Refund: refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9000.00
<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)		PAGE 109 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

Full Name (Last, First, Middle Initial) <b>A. Engineers Political Education Committee</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 1125 Seventeenth Street Northwest		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-16847</b>
City Washington State DC Zip Code 20036	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ERIC PAC</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 25 E Main Street Suite 200		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-16903</b>
City Richmond State VA Zip Code 23219-2109	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Friends of John Boehner</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 7908 Cincinnati Dayton Road Suite 12		Amount of Each Disbursement this Period 2000 <b>Transaction ID : B-E-16905</b>
City West Chester State OH Zip Code 45069-6629	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12000.00
<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)		PAGE 110 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

Full Name (Last, First, Middle Initial) <b>A. Jobs, Economy and Budget Fund</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 04 / 2012</b>
Mailing Address <b>PO Box 30844</b>		Amount of Each Disbursement this Period <b>5000</b>
City <b>Bethesda</b>	State <b>MD</b>	Zip Code <b>20824-0844</b>
Purpose of Disbursement Contribution Refund: refund	<b>010</b>	<b>Transaction ID : B-E-16913</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. John S Fund</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 04 / 2012</b>
Mailing Address <b>PO Box 853</b>		Amount of Each Disbursement this Period <b>5000</b>
City <b>Edwardsville</b>	State <b>IL</b>	Zip Code <b>62025-0853</b>
Purpose of Disbursement Contribution Refund: refund	<b>010</b>	<b>Transaction ID : B-E-16917</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. National Air Traffic Controllers Association PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 04 / 2012</b>
Mailing Address <b>1325 Massachusetts Avenue NW</b>		Amount of Each Disbursement this Period <b>1000</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005-4171</b>
Purpose of Disbursement Contribution Refund: refund	<b>010</b>	<b>Transaction ID : B-E-16927</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>11000.00</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 111 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

Full Name (Last, First, Middle Initial) <b>A. National Air Traffic Controllers Association PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 1325 Massachusetts Avenue NW		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-16928</b>
City Washington State DC Zip Code 20005-4171	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New Pac</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address PO Box 7480		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-16929</b>
City Visalia State CA Zip Code 93290-7480	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Pork Pac</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address PO Box 10383		Amount of Each Disbursement this Period 2500 <b>Transaction ID : B-E-16931</b>
City Des Moines State IA Zip Code 50306	Purpose of Disbursement Contribution Refund: refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4500.00
<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)		PAGE 112 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

Full Name (Last, First, Middle Initial) <b>A. Southern Minnesota Sugar Coop. PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address PO Box 500		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-16940</b>
City Renville State MN Zip Code 56284-0500	Purpose of Disbursement Contribution Refund: refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Sugar Cane Growers Cooperative of Florida</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address PO Box 666		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-16944</b>
City Belle Glade State FL Zip Code 33430-0666	Purpose of Disbursement Contribution Refund: refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Tuesday Group PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address PO Box 11586		Amount of Each Disbursement this Period 2500 <b>Transaction ID : B-E-16946</b>
City Washington State DC Zip Code 20008-0786	Purpose of Disbursement Contribution Refund: refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<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)		PAGE 113 OF 113	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a <input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends Of Tim Johnson**

<b>A. Valero PAC</b>			Full Name (Last, First, Middle Initial)		
Mailing Address PO Box 696000			Date of Disbursement		
City San Antonio State TX Zip Code 78269-6000			M M / D D / Y Y Y Y 06 / 04 / 2012	Amount of Each Disbursement this Period	
Purpose of Disbursement Contribution Refund: refund			Category/ Type 010	1000	
Candidate Name			<b>Transaction ID : B-E-16947</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:					

<b>B. Wild and Wonderful PAC</b>			Full Name (Last, First, Middle Initial)		
Mailing Address PO Box 651374			Date of Disbursement		
City Potomac Falls State VA Zip Code 20165-1374			M M / D D / Y Y Y Y 06 / 04 / 2012	Amount of Each Disbursement this Period	
Purpose of Disbursement Contribution Refund: refund			Category/ Type 010	500	
Candidate Name			<b>Transaction ID : B-E-16886</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:					

<b>C. ICE PAC</b>			Full Name (Last, First, Middle Initial)		
Mailing Address 9518 E Staring Lane			Date of Disbursement		
City Eden Prairie State MN Zip Code 55347			M M / D D / Y Y Y Y 06 / 13 / 2012	Amount of Each Disbursement this Period	
Purpose of Disbursement Contribution Refund: refund			Category/ Type 010	500	
Candidate Name			<b>Transaction ID : B-E-16617</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	76500.00