

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

Friends of Tim Johnson

ADDRESS (number and street)

PO Box 17087

Check if different than previously reported. (ACC)

Urbana

IL

61820

2. **FEC IDENTIFICATION NUMBER**

C00350421

CITY

STATE

ZIP CODE

STATE DISTRICT

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

IL 15

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 11 26 2002 through 12 31 2002

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 Jim Bray

Signature of Treasurer Electronically Filed by Jim Bray Date 04 10 2003

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Tim Johnson

Report Covering the Period:

From: M M D D Y Y Y Y
1 1 2 8 2 0 0 2

To: Y M D D Y Y Y Y
1 2 3 1 2 0 0 2

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	2960.00	11322.36
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2960.00	11322.36
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	5480.09	22581.23
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5480.09	22581.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	131254.30	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	352827.28	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

Write or Type Committee Name

Friends of Tim Jahnsan

Report Covering the Period: From: M M D J Y ' ' ' ' 1 1 2 6 2 0 0 2

To: V V U J Y ' ' ' ' 1 2 3 1 2 0 0 2

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5480.09	22581.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(b) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	4500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	5480.09	27081.23

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	133774.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	2960.00
25. SUBTOTAL (add Line 23 and Line 24).....	136734.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5480.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	131254.30

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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

NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Friends of Dan Brady		Date of Receipt M / D / Y 12 / 17 / 2002
Mailing Address State Representative 88th District 2425 E. Lincoln		Transaction ID: 013020090C5092
City State Zip Code Bloomington IL 61701-	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Receipt For: 2002 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	100.00

**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 6 / 13
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Aristotle Tech Support		Transaction ID: D13020030E1397 Date of Disbursement 12 / 03 / 2002	
Mailing Address 205 Pennsylvania Ave		Amount of Each Disbursement this Period 2500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TECHNICAL SUPPORT	
City Washington	State DC		Zip Code 20003-
Purpose of Disbursement TECHNICAL SUPPORT			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: D13020030E1393 Date of Disbursement 12 / 02 / 2002	
Mailing Address PO Box 806055		Amount of Each Disbursement this Period 232.80 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE	
City Chicago	State IL		Zip Code 60680-6055
Purpose of Disbursement PHONE SERVICE			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. David Davis Mansion Foundation		Transaction ID: D13020030E1401 Date of Disbursement 12 / 09 / 2002	
Mailing Address 1000 E Monroe		Amount of Each Disbursement this Period 600.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT EXPENSE	
City Bloomington	State IL		Zip Code 61701-
Purpose of Disbursement EVENT EXPENSE			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	3332.80
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 7 / 13
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Huntington Towers		Transaction ID: D13020030E1392 Date of Disbursement 12 / 02 / 2002	
Mailing Address PO Box 140			
City Champaign	State IL	Zip Code 61824-0140	Amount of Each Disbursement this Period 546.25 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement RENT EXPENSE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		RENT EXPENSE
State: District			

Full Name (Last, First, Middle Initial) B. Patton Boggs		Transaction ID: D13020030E1396 Date of Disbursement 12 / 02 / 2002	
Mailing Address 2550 M Street, NW			
City Washington	State DC	Zip Code 20037-1350	Amount of Each Disbursement this Period 586.27 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement LEGAL SERVICES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		LEGAL SERVICES
State: District			

Full Name (Last, First, Middle Initial) C. Weiskamp		Transaction ID: D13020030E1404 Date of Disbursement 12 / 13 / 2002	
Mailing Address 312 South Neil St			
City Champaign	State IL	Zip Code 61820-	Amount of Each Disbursement this Period 553.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FLEECES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		FLEECES
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	1688.02
TOTAL This Period (last page this line number only)	▶	5020.82

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 / 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LS1015200017C2023

LOAN SOURCE Full Name (Last, First, Middle Initial) Bank Illinois	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 100 W. University Avenue	
City Champaign State IL ZIP Code 61820	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	01 st 06 th 2000	20030118	5.250 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 9 / 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LS1015200017C2024

LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 201 W. Main	
City Urbana State IL ZIP Code 61801-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	423.58	99576.42

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01 st 24 th 2000	20030616	8.500 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	99576.42
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 10 / 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LS1015200017C2098

LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 201 W. Main	
City Urbana State IL ZIP Code 61801-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 rd 09 th 2000	20030616	8.500 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

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

SCHEDULE C (FEC Form 3)

LOANS

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

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LS102020002C2771

LOAN SOURCE Full Name (Last, First, Middle Initial) First State Bank of Monticello	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 201 West Main Street PO Box 260	
City Monticello State IL ZIP Code 61856	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
$\frac{M}{10}$	$\frac{Y}{05}$ 2000	20031005	7.000 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

SUBTOTALS This Period This Page (optional)	100000.00
TOTALS This Period (last page in this line only)	339576.42
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE D (FEC Form 3)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: 9
 10

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bank Illinois		Nature of Debt (Purpose): Interest Payment	
Mailing Address 100 W. University Avenue			
City	State	ZIP Code	
Champaign	IL	61820-	
Outstanding Balance Beginning This Period		Transaction ID: 2LS0410200352E1483	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
4991.10	0.00	4991.10	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Busey Bank		Nature of Debt (Purpose): Interest Payment	
Mailing Address 201 W. Main			
City	State	ZIP Code	
Urbana	IL	61801-	
Outstanding Balance Beginning This Period		Transaction ID: 3LS013020031E1407	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
6591.10	0.00	6591.10	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor First State Bank of Monticello		Nature of Debt (Purpose): Interest Payment	
Mailing Address 201 West Main Street PO Box 260			
City	State	ZIP Code	
Monticello	IL	61858-	
Outstanding Balance Beginning This Period		Transaction ID: LS0410200352E1484	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1668.68	0.00	1668.68	

1) SUBTOTALS This Period This Page (optional)	▶	13250.88
2) TOTALS This Period (last page this line number only)	▶	13250.88
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

