

**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

61803

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00350421

3. IS THIS REPORT

NEW (N)

OR

X

AMENDED (A)

STATE DISTRICT

IL

15

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

X

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

03

16

2004

In the State of

IL

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2004

through

02

25

2004

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

James P. Bray

Signature of Treasurer

Electronically Filed by James P. Bray

Date

04

14

2004

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 To: M M D D Y Y Y Y
0 1 0 1 2 0 0 4 0 2 2 5 2 0 0 4

	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)).....	25756.99	296773.04
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	150.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	25756.99	296623.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	17612.21	166709.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	401.90
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	17612.21	166307.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	171626.75	
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).....	241485.26	

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 02/2003)

Page 3

Write or Type Committee Name

Friends of Tim Jahnsan

Report Covering the Period: From: ^{M M} 0 1 ^{D J} 0 1 ^Y 2 0 0 4 To: ^{V V} 0 2 ^{U J} 2 5 ^Y 2 0 0 4

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7769.00	
(ii) Unitemized.....	4039.99	
(iii) TOTAL of contributions	11808.99	137498.99
from individuals..... ▶		
(b) Political Party Committees.....	98.00	1392.39
(c) Other Political Committees (such as PACS).....	13850.00	157881.66
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	25756.99	296773.04
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	401.90
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	25756.99	297174.94

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.....	17612.21	166709.82
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	100301.54
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	100301.54
<hr/>		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	150.00
(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	150.00
<hr/>		
21. OTHER DISBURSEMENTS.....	300.00	5400.00
<hr/>		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	17912.21	272561.36

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	163781.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	25756.99
25. SUBTOTAL (add Line 23 and Line 24).....	189538.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17912.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	171626.75

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

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

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

11a 11b 11c 11d
12 13a 13b 14 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. AFGE PAC		Date of Receipt M / D / Y 01 / 10 / 2004
Mailing Address 80 F Street NW		Transaction ID: 012220043C5810
City	State	Zip Code
Washington	DC	20001-
FEC ID number of contributing federal political committee. C C70000104		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Abels of Illinois PAC		Date of Receipt M / D / Y 02 / 25 / 2004
Mailing Address 311 E. Main St., #418		Transaction ID: 0301200426C5877
City	State	Zip Code
Galesburg	IL	61401-
FEC ID number of contributing federal political committee. C CD0308480		Amount of Each Receipt this Period 150.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) C. Amaren Fad PAC		Date of Receipt M / D / Y 01 / 28 / 2004
Mailing Address 607 E. Adams Street		Transaction ID: D128200415C5812
City	State	Zip Code
Springfield	IL	62739-
FEC ID number of contributing federal political committee. C CD0206138		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1650.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. AAPAC		Date of Receipt M / D / Y 02 / 25 / 2004
Mailing Address 1101 17th St., N.W., No. 800		Transaction ID: 0301200426C5883
City Washington	State DC	Zip Code 20036-
FEC ID number of contributing federal political committee. C C00107300		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Americans Nationwide Dedicated to Electi		Date of Receipt M / D / Y 02 / 25 / 2004
Mailing Address PO Box 523383		Transaction ID: 0301200426C5878
City Springfield	State VA	Zip Code 22152-5383
FEC ID number of contributing federal political committee. C CD0375378		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. RAILPAC		Date of Receipt M / D / Y 01 / 28 / 2004
Mailing Address 50 F Street, NW		Transaction ID: D128200415C5811
City Washington	State DC	Zip Code 20001-
FEC ID number of contributing federal political committee. C CD0280743		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. National Air Traffic Controllers Assn.,		Date of Receipt M / D / Y 01 / 15 / 2004
Mailing Address 1325 Massachusetts Avenue., NW		Transaction ID: 0115200414C5807
City	State	Zip Code
Washington	DC	20005-
FEC ID number of contributing federal political committee. C C00238725		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	Receipt
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 8000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) B. National Air Traffic Controllers Assn.,		Date of Receipt M / D / Y 02 / 25 / 2004
Mailing Address 1325 Massachusetts Avenue., NW		Transaction ID: 0301200426C5882
City	State	Zip Code
Washington	DC	20005-
FEC ID number of contributing federal political committee. C C00238725		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Receipt
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) C. NEA PAC		Date of Receipt M / D / Y 02 / 25 / 2004
Mailing Address 1201 16th Street, N.W., Suite 421		Transaction ID: 0301200426C5881
City	State	Zip Code
Washington	DC	20038-
FEC ID number of contributing federal political committee. C C00003251		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	Receipt
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. RR Donnelly		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address Good Government Fund 77 West Wacker Drive		Transaction ID: 0211200421C5874
City Chicago	State IL	Zip Code 60601-1696
FEC ID number of contributing federal political committee. C C00033877		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. SBC EMPAC		Date of Receipt M / D / Y 02 / 25 / 2004
Mailing Address 175 E. Houston		Transaction ID: 0301200426C5880
City San Antonio	State TX	Zip Code 78205-
FEC ID number of contributing federal political committee. C CD0109D17		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. SBC EMPAC		Date of Receipt M / D / Y 02 / 25 / 2004
Mailing Address 175 E. Houston		Transaction ID: 0301200426C5879
City San Antonio	State TX	Zip Code 78205-
FEC ID number of contributing federal political committee. C CD0109D17		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	13650.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Daniel Bloomfield		Date of Receipt M / D / Y 02 / 02 / 2004
Mailing Address 2403 Lyndhurst Drive		Transaction ID: 0211200421C5815
City Champaign	State IL	Zip Code 61820-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer retired	Occupation Retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ray Campa		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 3401 Lakeshore Drive		Transaction ID: 0211200421C5863
City Champaign	State IL	Zip Code 61820-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer retired	Occupation Retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) C. Deb Feihen		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 1202 Mayfair Road		Transaction ID: 0211200421C583B
City Champaign	State IL	Zip Code 61821-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Nally, Haasis & Bauer	Occupation Attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 530.00	

SUBTOTAL of Receipts This Page (optional)	690.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Don Flessner		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 2015 Brownfield Road		Transaction ID: 0211200421C5866
City Urbana	State IL	Zip Code 61802-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self-employed	Occupation Farmer	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Bob Frederick		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 129 West Main Street		Transaction ID: 0211200421C5861
City Urbana	State IL	Zip Code 61801-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Frederick & Hagle	Occupation Attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Frederick		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 7 Goldfinch		Transaction ID: 0211200421C5836
City Savoy	State IL	Zip Code 61874-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Johnson, Frank, Frederick, & W	Occupation Attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	1550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Jim Hagle		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 713 South Elm Blvd.		Transaction ID: 0211200421C5851
City Champaign	State IL	Zip Code 61820-5851
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Johnson, Frank, Frederick & Wa	Occupation Attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Patrick Hanlon		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 412 Avondale		Transaction ID: 0211200421C5848
City Champaign	State IL	Zip Code 61820-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Johnson, Frank, Frederick & Wa	Occupation Attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Steven Jambols		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 423 West Willow		Transaction ID: 0211200421C5852
City Chicago	State IL	Zip Code 60614-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kralovec, Jambols & Schwartz	Occupation Attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 12 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Ira Lebersan		Date of Receipt M / D / Y 02 / 02 / 2004
Mailing Address 307 West Indiana		Transaction ID: 0211200421C5820
City Urbana	State IL	Zip Code 61801-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Christie Clinic	Occupation Surgeon	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. William Libman		Date of Receipt M / D / Y 02 / 02 / 2004
Mailing Address 818 Dodds Drive		Transaction ID: 0211200421C5822
City Champaign	State IL	Zip Code 61820-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Libman Properties	Occupation Partner	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Carol Marshl		Date of Receipt M / D / Y 02 / 02 / 2004
Mailing Address 1806 S. Staley Road		Transaction ID: 0211200421C5823
City Champaign	State IL	Zip Code 61822-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Omegatype Typogrophy	Occupation Typesetter	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 13 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Traci Nally		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 2812 Valkar Lane		Transaction ID: 0211200421C5864
City Champaign	State IL	Zip Code 61821-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Nally, Heasls & Bauer	Occupation Attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. A. Mark Neuman		Date of Receipt M / D / Y 02 / 02 / 2004
Mailing Address 2507 Cherry Hills Drive		Transaction ID: 0211200421C5824
City Champaign	State IL	Zip Code 61821-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LTD PAC	Occupation Governmental affairs	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Anthony Novak		Date of Receipt M / D / Y 02 / 02 / 2004
Mailing Address 130 West Main Street		Transaction ID: 0211200421C5825
City Urbana	State IL	Zip Code 61801-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Novak Weaver Solberg	Occupation Attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 14 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial) A. Dan Walsh		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 2087 County Road 1250 North		Transaction ID: 0211200421C5850
City Saint Joseph	State IL	Zip Code 61873-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Johnson, Frank, Frederick & Wa	Occupation Attorney	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dan Welmore		Date of Receipt M / D / Y 01 / 30 / 2004
Mailing Address 316 E. Belle Avenue		Transaction ID: 0223200421C5875
City Rantoul	State IL	Zip Code 61866-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 239.00
Name of Employer Requested Info	Occupation Requested Info	In-Kind Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 439.00	

Full Name (Last, First, Middle Initial) C. Ehad Yait		Date of Receipt M / D / Y 02 / 02 / 2004
Mailing Address 100 East McHenry		Transaction ID: 0211200421C5833
City Urbana	State IL	Zip Code 61801-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Illinois	Occupation Professor	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1739.00
TOTAL This Period (last page this line number only)	7769.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 36

(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full) Friends of Tim Jahnsan	
Full Name (Last, First, Middle Initial) A. NRCC Mailing Address 320 First Street, SE <hr/> City State Zip Code Washington DC 20003- <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer Occupation Receipt For: 2004 X Primary General Other (specify) ▼ <hr/> Election Cycle-to-Date ▼ 1292.39	Date of Receipt M M / U U / Y Y Y Y 01 / 23 / 2004 <hr/> Transaction ID: 041420044105949 <hr/> Amount of Each Receipt this Period 98.00 <hr/> In-Kind Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) Blast Fax

SUBTOTAL of Receipts This Page (optional)	▶	98.00
TOTAL This Period (last page this line number only)	▶	98.00

**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)

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<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. Abbots Florists

Mailing Address PO Box 1561

City Champaign State IL Zip Code 61824-

Purpose of Disbursement
Supplies

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1745
Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

71.66

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

SUPPLIES

Full Name (Last, First, Middle Initial)
B. Abbots Florists

Mailing Address PO Box 1561

City Champaign State IL Zip Code 61824-

Purpose of Disbursement
Supplies

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1744
Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

46.95

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

SUPPLIES

Full Name (Last, First, Middle Initial)
C. Abbots Florists

Mailing Address PO Box 1561

City Champaign State IL Zip Code 61824-

Purpose of Disbursement
Supplies

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1746
Date of Disbursement

02 / 11 / 2004

Amount of Each Disbursement this Period

98.90

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

SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

217.51

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. AT&T Phone Company

Mailing Address PO Box 105308

City Atlanta State GA Zip Code 30348-5308

Purpose of Disbursement
Phone Service

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1734
Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

0.92

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)
B. Bank Illinois

Mailing Address 100 W. University Avenue

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1756
Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

1594.23

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

TAXES

Full Name (Last, First, Middle Initial)
C. Devonshire Realty

Mailing Address PO Box 140

City Champaign State IL Zip Code 61824-0140

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 0301200427E1764
Date of Disbursement

02 / 04 / 2004

Amount of Each Disbursement this Period

546.25

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

RENT

SUBTOTAL of Disbursements This Page (optional) ▶

2141.40

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Devonshire Realty

Mailing Address PO Box 140

City Champaign State IL Zip Code 61824-0140

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1765
Date of Disbursement

02 / 04 / 2004

Amount of Each Disbursement this Period

546.25

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

RENT

Full Name (Last, First, Middle Initial)
B. Director of Employment Security

Mailing Address 850 East Madison Street

City Springfield State IL Zip Code 62702-

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1758
Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

16.48

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

TAXES

Full Name (Last, First, Middle Initial)
C. Federal Express

Mailing Address 2001 Federal Way

City Urbana State IL Zip Code 61801-

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 0301200427E1749
Date of Disbursement

01 / 22 / 2004

Amount of Each Disbursement this Period

23.77

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶

588.50

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address 2001 Federal Way

City Urbana State IL Zip Code 61801-

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1750
Date of Disbursement

01 / 30 / 2004

Amount of Each Disbursement this Period

105.34

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

POSTAGE

Full Name (Last, First, Middle Initial)

B. Fox Development Corp.

Mailing Address 1909 Fox Drive

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
Travel Expense

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Transaction ID: D301200427E1750
Date of Disbursement

01 / 07 / 2004

Amount of Each Disbursement this Period

782.00

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

TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)

C. Great American Seafood

Mailing Address 1711 W Kirby Ave

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
Fundraising Expense

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Transaction ID: D301200427E1750
Date of Disbursement

01 / 30 / 2004

Amount of Each Disbursement this Period

357.54

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

FUNDRAISING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

1244.88

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Illinois Department of Rev

Mailing Address Willard Ice Bldg.
101 West Jefferson

City Springfield State IL Zip Code 62702-

Purpose of Disbursement
Taxes

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1757
Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

182.20

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

TAXES

Full Name (Last, First, Middle Initial)
B. Illinois Power

Mailing Address P.O. Box 511

City Decatur State IL Zip Code 62525-

Purpose of Disbursement
Utilities

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1742
Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

54.94

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

UTILITIES

Full Name (Last, First, Middle Initial)
C. Illinois Power

Mailing Address P.O. Box 511

City Decatur State IL Zip Code 62525-

Purpose of Disbursement
Utilities

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1743
Date of Disbursement

02 / 18 / 2004

Amount of Each Disbursement this Period

134.72

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

UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶

371.86

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

A. Full Name (Last, First, Middle Initial)
Keelan Communications

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement Fundraising Expense

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

OD3 Category/Type

Transaction ID: D301200427E1736
Date of Disbursement
01 / 05 / 2004

Amount of Each Disbursement this Period
547.53

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

FUNDRAISING EXPENSE

B. Full Name (Last, First, Middle Initial)
Keelan Communications

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement Fundraising Expense

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

OD3 Category/Type

Transaction ID: D301200427E1736
Date of Disbursement
02 / 18 / 2004

Amount of Each Disbursement this Period
5184.00

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

FUNDRAISING EXPENSE

C. Full Name (Last, First, Middle Initial)
Kennedys Restaurant

Mailing Address 2580 S Stone Creek

City Urbana State IL Zip Code 61802-

Purpose of Disbursement Fundraising Expense

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

OD3 Category/Type

Transaction ID: 0301200427E1755
Date of Disbursement
01 / 30 / 2004

Amount of Each Disbursement this Period
600.00

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

FUNDRAISING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **6331.53**

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnson

Full Name (Last, First, Middle Initial)

A. Kinkos

Mailing Address 505 S. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Transaction ID: D301200427E1747
Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

49.83

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

PRINTING

Full Name (Last, First, Middle Initial)

B. Kinkos

Mailing Address 505 S. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Transaction ID: D301200427E1765
Date of Disbursement

02 / 11 / 2004

Amount of Each Disbursement this Period

46.06

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

PRINTING

Full Name (Last, First, Middle Initial)

C. Managed Tax Services

Mailing Address 2501 Galen Dr

City Champaign State IL Zip Code 61826-

Purpose of Disbursement
Tax Services

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 0301200427E1761
Date of Disbursement

02 / 02 / 2004

Amount of Each Disbursement this Period

700.00

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

TAX SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

789.89

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 23 / 36

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Mcleod USA

Mailing Address 2302 Fox Dr

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
Phone Service

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: D301200427E1730
Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

22.97

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)
B. Mcleod USA

Mailing Address 2302 Fox Dr

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
Phone Service

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: D301200427E1731
Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

16.02

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)
C. Mcleod USA

Mailing Address 2302 Fox Dr

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
Phone Service

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: D301200427E1732
Date of Disbursement

02 / 23 / 2004

Amount of Each Disbursement this Period

15.31

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

56.30

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. NRCC

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
BLAST FAX

Candidate Name

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

State: District

Category/
Type

Transaction ID: D4142D0441C6949IK
Date of Disbursement

01 / 23 / 2004

Amount of Each Disbursement this Period

98.00

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

IN KIND: BLAST FAX

Full Name (Last, First, Middle Initial)
B. Maureen OSullivan

Mailing Address 803 W. Springfield #B

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
Salary

Candidate Name

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

State: District

OD1
Category/
Type

Transaction ID: D3012D0427E1760
Date of Disbursement

02 / 02 / 2004

Amount of Each Disbursement this Period

1500.16

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

SALARY

Full Name (Last, First, Middle Initial)
C. Blake Otto

Mailing Address 1044 E. North Road

City Danvers State IL Zip Code 61732-

Purpose of Disbursement
Salary

Candidate Name

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

State: District

OD1
Category/
Type

Transaction ID: D3012D0427E1741
Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

120.67

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

SALARY

SUBTOTAL of Disbursements This Page (optional) ▶

1718.83

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Blake Otto

Mailing Address 1044 E. North Road

City Danvers State IL Zip Code 61732-

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1768
Date of Disbursement

02 / 18 / 2004

Amount of Each Disbursement this Period

219.44

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

SALARY

Full Name (Last, First, Middle Initial)
B. Quill Corporation

Mailing Address P.O. Box 94081

City Palatine State IL Zip Code 60064-

Purpose of Disbursement
Campaign Materials

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

008
Category/
Type

Transaction ID: D301200427E1733
Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

688.78

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

CAMPAIGN MATERIALS

Full Name (Last, First, Middle Initial)
C. Quill Corporation

Mailing Address P.O. Box 94081

City Palatine State IL Zip Code 60064-

Purpose of Disbursement
Campaign Materials

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

008
Category/
Type

Transaction ID: D301200427E1768
Date of Disbursement

02 / 11 / 2004

Amount of Each Disbursement this Period

214.85

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

CAMPAIGN MATERIALS

SUBTOTAL of Disbursements This Page (optional) ▶

1122.87

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. SBC

Mailing Address 225 W Randolph St
Floor 27A

City Chicago State IL Zip Code 60606-

Purpose of Disbursement
Phone Service

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1726
Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

95.23

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)
B. SBC

Mailing Address 225 W Randolph St
Floor 27A

City Chicago State IL Zip Code 60606-

Purpose of Disbursement
Phone Service

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1727
Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

113.03

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

PHONE SERVICE

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

Mailing Address 225 W Randolph St
Floor 27A

City Chicago State IL Zip Code 60606-

Purpose of Disbursement
Phone Service

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1728
Date of Disbursement

02 / 23 / 2004

Amount of Each Disbursement this Period

113.64

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

321.90

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 27 / 36

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Shapiros Deli

Mailing Address 808 S Meridan

City Indianapolis State IN Zip Code 46218-

Purpose of Disbursement
Fundraising Expense

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Transaction ID: D301200427E1751
Date of Disbursement

01 / 30 / 2004

Amount of Each Disbursement this Period

489.38

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

FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial)
B. Jason Shelby

Mailing Address 6402 Birchwood Lane

City Decatur State IL Zip Code 62521-

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1740
Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

250.05

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

SALARY

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

Mailing Address 2005 N. Prospect

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 0301200427E1738
Date of Disbursement

01 / 07 / 2004

Amount of Each Disbursement this Period

37.78

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

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

786.21

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. U.S. Postmaster

Mailing Address 2001 N. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1737
Date of Disbursement

01 / 07 / 2004

Amount of Each Disbursement this Period

74.00

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

POSTAGE

Full Name (Last, First, Middle Initial)
B. U.S. Postmaster

Mailing Address 2001 N. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1763
Date of Disbursement

02 / 04 / 2004

Amount of Each Disbursement this Period

185.00

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

POSTAGE

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

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
Phone Service

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 0301200426E1721
Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

58.38

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

317.39

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

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

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
Phone Service

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: D301200426E1720
Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

178.88

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

PHONE SERVICE

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

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
Phone Service

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: D301200426E1722
Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

284.20

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

PHONE SERVICE

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

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
Phone Service

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: D301200426E1723
Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

182.55

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

645.63

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 30 / 36

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

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

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
Phone Service

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D301200426E1724
Date of Disbursement

02 / 11 / 2004

Amount of Each Disbursement this Period

58.38

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

PHONE SERVICE

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

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
Phone Service

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D301200426E1725
Date of Disbursement

02 / 18 / 2004

Amount of Each Disbursement this Period

180.31

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

PHONE SERVICE

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

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
Phone Service

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: D301200427E1729
Date of Disbursement

02 / 23 / 2004

Amount of Each Disbursement this Period

12.37

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

251.06

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 31 / 36

<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. Dan Wetmore

Mailing Address 316 E. Belle Avenue

City Rantoul State IL Zip Code 61886-

Purpose of Disbursement
WINE & LIQUOR FOR FUNDRAISER

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: D223200421C6875IK
Date of Disbursement

01 / 30 / 2004

Amount of Each Disbursement this Period

239.00

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

IN KIND: WINE & LIQUOR FOR
FUNDRAISER

SUBTOTAL of Disbursements This Page (optional) ▶

239.00

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

17144.76

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 / 36

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Jahnsan

Full Name (Last, First, Middle Initial)
A. Tom Osborne for Congress

Transaction ID: D3012D0427E1748
Date of Disbursement

Mailing Address PO Box 5865

01 / 15 / 2004

City State Zip Code
Grand Island NE 68803-

Amount of Each Disbursement this Period

Purpose of Disbursement
Political Contribution

300.00

Candidate Name

011
Category/
Type

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

Office Sought: House
Senate
President

Disbursement For: 2004
X Primary General
Other (specify) ▼

State: District

SUBTOTAL of Disbursements This Page (optional) ▶

300.00

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

300.00

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 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	725.12	99274.88

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	01 st 24 th 2000	20040616	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
Timothy V. Johnson	
Mailing Address 413 Berringer Circle	Occupation
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding: 99274.88
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	99274.88
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 34 / 36
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: 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 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00	

TERMS	Date Incurred 03 rd 09 th 2000	Date Due 20040616	Interest Rate 8.500 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------	---	----------------------	--------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial) Timothy Johnson	Name of Employer		
Mailing Address 413 Berringer Circle	Occupation Attorney		
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding:	40000.00	
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		

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

FOR LINE NUMBER: (check only one)

13a
 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 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00	
TERMS			
Date Incurred 10 th 05 th 2000	Date Due 20041005	Interest Rate 7.000 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial) Timothy V. Johnson		Name of Employer	
Mailing Address 413 Berringer Circle		Occupation	
City Urbana	State IL	ZIP Code 61802-	Amount Guaranteed Outstanding: 100000.00
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	100000.00
TOTALS This Period (last page in this line only) ▶	239274.88
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

(Use separate schedule(s) for each numbered line)	PAGE 38 / 38
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Busey Bank		Nature of Debt (Purpose): 009 Accrued Interest	
Mailing Address 201 W. Main			
City	State	ZIP Code	
Urbana	IL	61801-	
Outstanding Balance Beginning This Period		Transaction ID: 2LS1009200329E1635	
460.38			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	460.38	

B. 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	61856-	
Outstanding Balance Beginning This Period		Transaction ID: LS1009200329E1636	
1750.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1750.00	

1) SUBTOTALS This Period TNs Page (optional)	▶	2210.38
2) TOTALS This Period (last page this line number only)	▶	2210.38
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)	▶	