

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Friends Of Tim Johnson

ADDRESS (number and street)

PO Box 17097

(Check if address is changed)

Urbana

IL

61803

7097

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

timjohnsonforcongress@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

06 / 13 / 2011

3. FEC IDENTIFICATION NUMBER

C C00350421

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer **Mark Shelden**

Signature of Treasurer Electronically Filed by **Mark Shelden**

Date 07 / 13 / 2011

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate **Tim Johnson**

Candidate Party Affiliation **REP** Office Sought:  House  Senate  President State **IL** District **13**

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	<input type="text"/>	FEC ID number	<b>C</b> <input type="text"/>
2.	<input type="text"/>	FEC ID number	<b>C</b> <input type="text"/>
3.	<input type="text"/>	FEC ID number	<b>C</b> <input type="text"/>
4.	<input type="text"/>	FEC ID number	<b>C</b> <input type="text"/>

Write or Type Committee Name

**Friends Of Tim Johnson**

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

**NONE**

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **IL** \_\_\_\_\_ **0000** - \_\_\_\_\_

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

**Mark Shelden**

Mailing Address

**2908 S Myra Ridge Drive**

**Urbana**

**IL**

**61802 - 7032**

Title or Position ▼

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

**Treasurer**

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

**Mark Shelden**

Mailing Address

**2908 S Myra Ridge Drive**

**Urbana**

**IL**

**61802 - 7032**

Title or Position ▼

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

**Treasurer**

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name of Designated Agent

Randi L Parr

Mailing Address

2020 10th Street

Apt. 304

Charleston

IL

61920 - 3435

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Main Street Bank & Trust

Mailing Address

100 W University Avenue

Champaign

IL

61820 - 8800

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE