

**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**

C00350421

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED (A)

IL 15

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 01 01 2005 through 03 31 2005

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 2005

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 5 0 3 3 1 2 0 0 5

| | 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))..... | 4325.00 | 26145.45 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 100.00 | 100.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 4225.00 | 26045.45 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 18884.86 | 44483.57 |
| (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))..... | 18884.86 | 44483.57 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 221319.95 | |
| 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)..... | 242694.88 | |

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 02/2005)

Page 3

Write or Type Committee Name
Friends of Tim Johnson

Report Covering the Period: From: ^{M M} 01 ^Y 01 ^Y 2005 To: ^{Y M} 03 ^Y 31 ^Y 2005

| 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)..... | 0.00 | .00 |
| (ii) Unitemized..... | 825.00 | .00 |
| (iii) TOTAL of contributions | 825.00 | 12940.00 |
| from Individuals..... ▶ | | |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACS)..... | 3500.00 | 13205.45 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) | 4325.00 | 26145.45 |
| (add Lines 11(a)(iii), (b), (c), and (d)) | | |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | | |
| | 0.00 | 0.00 |
| 13. LOANS | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | | |
| | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | | |
| | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 4325.00 | 26145.45 |

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..... | 18884.86 | 44483.57 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 100.00 | 100.00 |
| (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))..... | 100.00 | 100.00 |
| 21. OTHER DISBURSEMENTS..... | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 18984.86 | 44583.57 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 235979.81 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 4325.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 240304.81 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 18984.86 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 221319.95 |

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

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

FOR LINE NUMBER: PAGE 6 / 26

(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 |

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. ALTRIA PAC | | Date of Receipt M / D / Y 02 / 22 / 2005 |
| Mailing Address 120 Park Avenue | | Transaction ID: 50316.C6513 |
| City New York | State NY | Zip Code 10017- |
| FEC ID number of contributing federal political committee. C C00089136 | | 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: 2006 Primary General X Other (specify) ▼ Primary 2006 | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. American Federation of State/Mun. Employ | | Date of Receipt M / D / Y 03 / 23 / 2005 |
| Mailing Address AFL-CIO 1825 L St, NW | | Transaction ID: 50411.C6529 |
| City Washington | State DC | Zip Code 20036- |
| FEC ID number of contributing federal political committee. C C70000120 | | 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: 2006 Primary General X Other (specify) ▼ Primary 2006 | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. American Optometric PAC | | Date of Receipt M / D / Y 02 / 02 / 2005 |
| Mailing Address 1505 Prince St. | | Transaction ID: 50316.C6507 |
| City Alexandria | State VA | Zip Code 22314- |
| FEC ID number of contributing federal political committee. C | | 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: 2006 Primary General X Other (specify) ▼ Primary 2006 | Election Cycle-to-Date ▼ 500.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 2500.00 |
| 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 / 26

(check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Tim Jahnsan

| | | | |
|---|---|--|---|
| Full Name (Last, First, Middle Initial) A. SBC EMPAC | | Date of Receipt M / D / Y 03 / 31 / 2005 | |
| Mailing Address 175 E. Houston | | Transaction ID: 50411.C6530 | |
| City San Antonio | State TX | Zip Code 78205- | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C C00109017 | | Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) | |
| Name of Employer Receipt For: 2006 Primary General X Other (specify) ▼ Primary 2006 | Occupation Election Cycle-to-Date ▼ 2000.00 | | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 3500.00 |

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 7 / 26

| | | | | | | | |
|-------------------------------------|-----------|--------------------------|-----------|--------------------------|------------|--------------------------|-----------|
| <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

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

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) ▼

Category/Type 001

Transaction ID: 50126.E2058
 Date of Disbursement 01 / 18 / 2005

Amount of Each Disbursement this Period 47.82

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

UTILITIES

B. Full Name (Last, First, Middle Initial)
 Ameren IP

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) ▼

Category/Type 001

Transaction ID: 50316.E2075
 Date of Disbursement 02 / 10 / 2005

Amount of Each Disbursement this Period 42.80

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

UTILITIES

C. Full Name (Last, First, Middle Initial)
 Ameren IP

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) ▼

Category/Type 001

Transaction ID: 50323.E2102
 Date of Disbursement 03 / 17 / 2005

Amount of Each Disbursement this Period 43.87

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

UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶ **134.38**

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 8 / 26

| | | | | | | | |
|-------------------------------------|-----------|--------------------------|-----------|--------------------------|------------|--------------------------|-----------|
| <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. Busey Bank

Mailing Address 201 W. Main

City Urbana State IL Zip Code 61801-

Purpose of Disbursement
Interest Payment

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

009
Category/
Type

Transaction ID: 50110.E2052

Date of Disbursement

01 / 10 / 2005

Amount of Each Disbursement this Period

876.26

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

INTEREST PAYMENT

Full Name (Last, First, Middle Initial)

B. Busey Bank

Mailing Address 201 W. Main

City Urbana State IL Zip Code 61801-

Purpose of Disbursement
Interest Payment

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

009
Category/
Type

Transaction ID: 50316.E2076

Date of Disbursement

02 / 10 / 2005

Amount of Each Disbursement this Period

887.26

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

INTEREST PAYMENT

Full Name (Last, First, Middle Initial)

C. Busey Bank

Mailing Address 201 W. Main

City Urbana State IL Zip Code 61801-

Purpose of Disbursement
Interest Payment

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

009
Category/
Type

Transaction ID: 50316.E2095

Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

812.43

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

INTEREST PAYMENT

SUBTOTAL of Disbursements This Page (optional) ▶

2575.95

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. David Davis Mansion Foundation

Mailing Address 1000 E Monroe

City Bloomington State IL Zip Code 61701-

Purpose of Disbursement
 Fundraising Expense

Candidate Name

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

State: District

003
 Category/
 Type

Transaction ID: 50316.E2085
 Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

450.00

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

FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial)
B. 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
 Disbursement For: Primary General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: 50106.E2047
 Date of Disbursement

01 / 06 / 2005

Amount of Each Disbursement this Period

575.00

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

RENT

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
 Disbursement For: Primary General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: 50316.E2073
 Date of Disbursement

02 / 03 / 2005

Amount of Each Disbursement this Period

575.00

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

RENT

SUBTOTAL of Disbursements This Page (optional) ▶

1600.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 26

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 50316.E2082

Date of Disbursement

03 / 01 / 2005

Amount of Each Disbursement this Period

575.00

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
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 50316.E2089

Date of Disbursement

01 / 26 / 2005

Amount of Each Disbursement this Period

245.40

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

TAXES

Full Name (Last, First, Middle Initial)

C. 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
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 50316.E2088

Date of Disbursement

01 / 26 / 2005

Amount of Each Disbursement this Period

216.83

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

TAXES

SUBTOTAL of Disbursements This Page (optional) ▶

1037.23

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 11 / 26

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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. Brian Kelly

Mailing Address 2404 Windward Blvd Apt 203
#204

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

State: District

002
Category/
Type

Transaction ID: 50106.E2048

Date of Disbursement

01 / 06 / 2005

Amount of Each Disbursement this Period

361.86

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

TRAVEL REIMBURSEMENT

Full Name (Last, First, Middle Initial)

B. Brian Kelly

Mailing Address 2404 Windward Blvd Apt 203
#204

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
Salary

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 50316.E2071

Date of Disbursement

02 / 02 / 2005

Amount of Each Disbursement this Period

1428.06

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

SALARY

Full Name (Last, First, Middle Initial)

C. Brian Kelly

Mailing Address 2404 Windward Blvd Apt 203
#204

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
Salary

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: 50316.E2091

Date of Disbursement

03 / 01 / 2005

Amount of Each Disbursement this Period

1428.06

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

SALARY

SUBTOTAL of Disbursements This Page (optional) ▶

3217.96

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 12 / 26

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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. Brian Kelly

Mailing Address 2404 Windward Blvd Apt 203
 #2D4

City Champaign State IL Zip Code 61821-

Purpose of Disbursement
 Salary

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: 50411.E2113

Date of Disbursement

03 / 31 / 2005

Amount of Each Disbursement this Period

1428.08

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

SALARY

Full Name (Last, First, Middle Initial)

B. Lancasters

Mailing Address 513 N. Main St.

City Bloomington State IL Zip Code 61701-

Purpose of Disbursement
 Fundraising Expense

Candidate Name

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

State: District

003
 Category/
 Type

Transaction ID: 50316.E2100

Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

1587.38

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

FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial)

C. Main Street Bank & Trust

Mailing Address 100 W. University Avenue

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
 Taxes

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: 50316.E2087

Date of Disbursement

01 / 26 / 2005

Amount of Each Disbursement this Period

1841.37

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

TAXES

SUBTOTAL of Disbursements This Page (optional) ▶

4856.81

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. Main Street Bank & Trust

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: 50316.E2070
Date of Disbursement

01 / 26 / 2005

Amount of Each Disbursement this Period

26.66

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

TAXES

Full Name (Last, First, Middle Initial)

B. Mclean County Repub. Central Committee

Mailing Address PO Box 5056

City Bloomington State IL Zip Code 61702-5056

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 50106.E2050
Date of Disbursement

01 / 06 / 2005

Amount of Each Disbursement this Period

150.00

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

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. Patton Boggs

Mailing Address 2550 M Street, NW

City Washington State DC Zip Code 20037-1350

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 50316.E2098
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

270.84

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

LEGAL SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

447.50

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. 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

Disbursement For: Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 50106.E2045

Date of Disbursement

01 / 03 / 2005

Amount of Each Disbursement this Period

132.76

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

Disbursement For: Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 50126.E2086

Date of Disbursement

01 / 26 / 2005

Amount of Each Disbursement this Period

117.56

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

Disbursement For: Primary General
Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 50316.E2083

Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

141.31

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

391.63

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)

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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
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 50323.E2106

Date of Disbursement

03 / 23 / 2005

Amount of Each Disbursement this Period

141.35

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

PHONE SERVICE

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
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 50316.E2072

Date of Disbursement

02 / 02 / 2005

Amount of Each Disbursement this Period

236.32

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

SALARY

Full Name (Last, First, Middle Initial)

C. 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
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: 50316.E2094

Date of Disbursement

03 / 07 / 2005

Amount of Each Disbursement this Period

115.18

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

SALARY

SUBTOTAL of Disbursements This Page (optional) ▶

492.85

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. 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
 Disbursement For: Primary General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: 50411.E2112

Date of Disbursement

03 / 31 / 2005

Amount of Each Disbursement this Period

134.02

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

SALARY

Full Name (Last, First, Middle Initial)

B. 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
 Disbursement For: Primary General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: 50323.E2103

Date of Disbursement

03 / 22 / 2005

Amount of Each Disbursement this Period

56.34

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

OFFICE SUPPLIES

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
 Disbursement For: Primary General Other (specify) ▼

State: District

001
 Category/
 Type

Transaction ID: 50411.E2111

Date of Disbursement

03 / 30 / 2005

Amount of Each Disbursement this Period

58.88

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

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

249.04

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 17 / 26

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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. 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: 50126.E2060
Date of Disbursement

01 / 20 / 2005

Amount of Each Disbursement this Period

222.00

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
PO Box

Candidate Name

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

001
Category/
Type

Transaction ID: 50316.E2088
Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

126.00

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

PO BOX

Full Name (Last, First, Middle Initial)
C. 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: 50323.E2104
Date of Disbursement

03 / 22 / 2005

Amount of Each Disbursement this Period

111.00

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶

459.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

PAGE 18 / 26

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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: 50106.E2041

Date of Disbursement

01 / 03 / 2005

Amount of Each Disbursement this Period

58.40

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: 50106.E2043

Date of Disbursement

01 / 03 / 2005

Amount of Each Disbursement this Period

78.12

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: 50106.E2042

Date of Disbursement

01 / 03 / 2005

Amount of Each Disbursement this Period

177.45

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

313.97

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
 State: District

Disbursement For: Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50106.E2044
 Date of Disbursement
 01 / 03 / 2005

Amount of Each Disbursement this Period
 73.88

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
 State: District

Disbursement For: Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: 50110.E2051
 Date of Disbursement
 01 / 10 / 2005

Amount of Each Disbursement this Period
 63.55

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: 50126.E2059
 Date of Disbursement
 01 / 18 / 2005

Amount of Each Disbursement this Period
 183.08

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶ **320.51**

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. 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: 50126.E2061

Date of Disbursement

01 / 20 / 2005

Amount of Each Disbursement this Period

133.39

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: 50316.E2079

Date of Disbursement

02 / 16 / 2005

Amount of Each Disbursement this Period

177.93

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: 50316.E2084

Date of Disbursement

02 / 22 / 2005

Amount of Each Disbursement this Period

164.88

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

476.20

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
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 50316.E2097

Date of Disbursement

03 / 14 / 2005

Amount of Each Disbursement this Period

59.83

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: 50323.E2105

Date of Disbursement

03 / 29 / 2005

Amount of Each Disbursement this Period

177.93

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: 50411.E2108

Date of Disbursement

03 / 24 / 2005

Amount of Each Disbursement this Period

150.00

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

387.76

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

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

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

FOR LINE NUMBER:
(check only one)

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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. Weiskamp Screen Printing

Mailing Address 312 South Neil St

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
Fleeces

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

006
Category/
Type

Transaction ID: 50316.E2081

Date of Disbursement

02 / 17 / 2005

Amount of Each Disbursement this Period

925.25

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

FLEECES

SUBTOTAL of Disbursements This Page (optional) ▶

925.25

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

17886.06

SCHEDULE C (FEC Form 3)

LOANS

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 23 / 26 |
| | 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: LS51014.08347

| | | | |
|--|---|---|--|
| 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 100000.00 | Cumulative Payment To Date 725.12 | Balance Outstanding at Close of This Period 99274.88 | |

| | | | | |
|--------------|---|----------------------|--------------------------------|---|
| TERMS | Date Incurred 01 st 24 th 2000 | Date Due 20050521 | Interest Rate 6.750 % (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: | 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 24 / 26 |
| | 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: LS51014.08348

| | | | |
|--|---|---|--|
| 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 20050521 | Interest Rate 6.750 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" 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 25 / 26 |
| | 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: 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 | Date Due | Interest Rate | Secured: |
| | 10 th 05 th 2000 | 20041005 | 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) 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 28 / 28 |
| | 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 Accured Interest | |
| Mailing Address 201 W. Main | | | |
| City Urbana | State IL | ZIP Code 61801- | |
| Outstanding Balance Beginning This Period 228.74 | | Transaction ID: LS50110.E2052 | |
| Amount Incurred This Period 2349.21 | Payment This Period 2575.95 | Outstanding Balance at Close of This Period 0.00 | |

| | | | |
|---|-----------------------------|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor First State Bank of Monticello | | Nature of Debt (Purpose): 009 Accured Interest | |
| Mailing Address 201 West Main Street PO Box 260 | | | |
| City Monticello | State IL | ZIP Code 61856- | |
| Outstanding Balance Beginning This Period 1670.00 | | Transaction ID: LS50414.E2122 | |
| Amount Incurred This Period 1750.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3420.00 | |

| | | |
|--|---|----------------|
| 1) SUBTOTALS This Period This Page (optional) | ▶ | 3420.00 |
| 2) TOTALS This Period (last page this line number only) | ▶ | 3420.00 |
| 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) | ▶ | |