

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 17097

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 (N) 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 11 07 2006 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 10 01 2006 through 10 18 2006

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 10 25 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Tim Johnson

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	23870.00	320225.74
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	23870.00	320125.74
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	80444.36	313826.02
(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)).....	80444.36	313826.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	76057.79	
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).....	69821.92	

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)

Write or Type Committee Name
Friends of Tim Johnson

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

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).....

5755.00

67167.30

(ii) Unitemized.....

3940.00

47306.99

(iii) TOTAL of contributions

9695.00

114474.29

from individuals..... ▶

0.00

896.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

14175.00

204855.45

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

23870.00

320225.74

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)..... ▶

23870.00

320225.74

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	80444.36	313826.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	170000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	170000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	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)).....	0.00	100.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	80444.36	483926.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	132632.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	23870.00
25. SUBTOTAL (add Line 23 and Line 24).....	156502.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	80444.36
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	76057.79

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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	PAGE 5 / 21
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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 Johnson

A. Full Name (Last, First, Middle Initial)
Ralph & Stephanie Alexander

Mailing Address 92 County Road 2000 North

City State Zip Code
Mahomet IL 61853

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

Name of Employer Occupation
retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 61005.C7144

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dr. Robert Brunner

Mailing Address 4001 East Washington

City State Zip Code
Urbana IL 61802

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 61005.C7143

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mary Capel

Mailing Address 8 Greencroft Drive

City State Zip Code
Champaign IL 61821

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

Name of Employer Occupation
retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 61012.C7179

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
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: (check only one)	PAGE 6 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Greg Crawford

Mailing Address 14 Foothill Rd

City State Zip Code
Monticello IL 61856

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

Name of Employer Occupation
C F & H Insurance Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 6

Transaction ID: 61023.C7225

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Harold Dorsett

Mailing Address 1021 Forestview

City State Zip Code
Mahomet IL 61853

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

Name of Employer Occupation
retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 61005.C7104

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
David Eades

Mailing Address 5 Lyndhurst Place

City State Zip Code
Champaign IL 61820

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

Name of Employer Occupation
Self- Employed Orthopterist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 61005.C7152

Amount of Each Receipt this Period
100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	700.00
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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	PAGE 7 / 21
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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Allen Everette		Date of Receipt MM / DD / YYYY 10 / 17 / 2006
Mailing Address 1811 Kensington Knoll		Transaction ID: 61023.C7233
City State Zip Code Champaign IL 61822	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Orange & Blue Distributing	Occupation President	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. C.E. Facer		Date of Receipt MM / DD / YYYY 10 / 03 / 2006
Mailing Address 2809 Slayback Road		Transaction ID: 61005.C7117
City State Zip Code Urbana IL 61802	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Requested Info	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Clive Follmer		Date of Receipt MM / DD / YYYY 10 / 10 / 2006
Mailing Address 302 E Sherwin Circle		Transaction ID: 61012.C7178
City State Zip Code Urbana IL 61802	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Self-employed	Occupation Attorney	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
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: (check only one)	PAGE 8 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
John Frauenhoffer

Mailing Address 3806 Deerfield Drive

City State Zip Code
Champaign IL 61821

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

Name of Employer Occupation
Frauenhoffer & Associates Engineer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 61005.C7142

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Bob Frederick

Mailing Address 129 West Main Street

City State Zip Code
Urbana IL 61801

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

Name of Employer Occupation
Frederick & Hagle Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1587.30

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 61005.C7115

Amount of Each Receipt this Period
175.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ruth Gordon

Mailing Address 1421 County Road 2900 North

City State Zip Code
Rantoul IL 61866

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

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 265.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 61005.C7151

Amount of Each Receipt this Period
40.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **715.00**

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: (check only one)	PAGE 9 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

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

Mailing Address 1913 Oak Park Drive

City State Zip Code
Champaign IL 61822-5229

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

Name of Employer Occupation
Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: 61005.C7103

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Craig Hays

Mailing Address 28 Greencroft Drive

City State Zip Code
Champaign IL 61821

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

Name of Employer Occupation
C-U News Agency Newspaper Distributor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
375.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 61005.C7145

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Phil Knox

Mailing Address 1408 Waterford Place

City State Zip Code
Champaign IL 61821

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

Name of Employer Occupation
Tummelson, Bryan & Knox Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
475.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 61012.C7176

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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: (check only one)	PAGE 10 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
William Kuhne

Mailing Address 907 S. McKinley

City State Zip Code
Champaign IL 61821

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

Name of Employer Occupation
Petry Kuhne Company Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 6

Transaction ID: 61012.C7177

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ira & Cecile Lebson

Mailing Address 307 West Indiana

City State Zip Code
Urbana IL 61801

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

Name of Employer Occupation
Christie Clinic Surgeon

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

725.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 6

Transaction ID: 61005.C7146

Amount of Each Receipt this Period
300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert & Marilyn Lee

Mailing Address 999 Country Rd. 2500 E

City State Zip Code
Homer IL 61849-9731

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

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

375.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 6

Transaction ID: 61023.C7202

Amount of Each Receipt this Period
200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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 11 / 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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 Johnson

A. Full Name (Last, First, Middle Initial)
Ruth Shurts

Mailing Address 507 West Green

City Urbana State IL Zip Code 61801

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

Name of Employer Self-employed Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: 61005.C7119

Amount of Each Receipt this Period
 200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Warren Wessels

Mailing Address 1016 W. Daniel

City Champaign State IL Zip Code 61821

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

Name of Employer retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 215.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 7 / 2 0 0 6

Transaction ID: 61023.C7219

Amount of Each Receipt this Period
 40.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	240.00
TOTAL This Period (last page this line number only)	▶	5755.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 21
	<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 Johnson

A. American Council of Engineering Co. PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1015 15th Street, NW

City Washington State DC Zip Code 20005-2605

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
10 / 05 / 2006

Transaction ID: 61005.C7141

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Deloitte & Touche

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 365

City Washington State DC Zip Code 20044-0365

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
10 / 10 / 2006

Transaction ID: 61012.C7183

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Every Republican is Crucial

Full Name (Last, First, Middle Initial)
Mailing Address 25 E Main Street Suite 200

City Richmond State VA Zip Code 23219

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
10 / 17 / 2006

Transaction ID: 61023.C7226

Amount of Each Receipt this Period
5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	8000.00
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: (check only one)	PAGE 13 / 21
	<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 Johnson

A. Full Name (Last, First, Middle Initial)
Illinois Prairie St Chiropractic Assoc

Mailing Address P O Box 4174

City State Zip Code
Rock Island IL 61204

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
175.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 6

Transaction ID: 61023.C7204

Amount of Each Receipt this Period
175.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Lorillard Tobacco Co PAC

Mailing Address 714 Green Valley Rd

City State Zip Code
Greensboro NC 27408

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 6

Transaction ID: 61023.C7227

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NBWA PAC

Mailing Address 1100 King Street Suite 600

City State Zip Code
Alexandria VA 22314-2944

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 6

Transaction ID: 61023.C7232

Amount of Each Receipt this Period
5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	6175.00
TOTAL This Period (last page this line number only)	14175.00

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 14 / 21

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. The Sumner Press		Transaction ID: 61005.E2528 Date of Disbursement 10 / 03 / 2006
Mailing Address P O Box 126		Amount of Each Disbursement this Period 91.00
City Sumner State IL Zip Code 62466-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertising Expense Candidate Name	Category/Type 004	ADVERTISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ameren IP		Transaction ID: 61012.E2534 Date of Disbursement 10 / 10 / 2006
Mailing Address P.O. Box 511		Amount of Each Disbursement this Period 47.48
City Decatur State IL Zip Code 62525-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utilities Candidate Name	Category/Type 001	UTILITIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Director of Employment Security		Transaction ID: 61023.E2548 Date of Disbursement 10 / 17 / 2006
Mailing Address 850 East Madison Street		Amount of Each Disbursement this Period 3.41
City Springfield State IL Zip Code 62702-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Taxes Candidate Name	Category/Type 001	TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	141.89
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 21

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Illinois Department of Rev		Transaction ID: 61023.E2547 Date of Disbursement 10 / 17 / 2006
Mailing Address Willard Ice Bldg. 101 West Jefferson		Amount of Each Disbursement this Period 184.47
City Springfield State IL Zip Code 62702-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Taxes Candidate Name	001 Category/Type	TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Illinois Republican Party		Transaction ID: 61005.E2523 Date of Disbursement 10 / 01 / 2006
Mailing Address PO Box 78		Amount of Each Disbursement this Period 10000.00
City Springfield State IL Zip Code 62705-0078	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name	011 Category/Type	CONTRIBUTION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Internal Revenue Service		Transaction ID: 61025.E2563 Date of Disbursement 10 / 15 / 2006
Mailing Address IRS		Amount of Each Disbursement this Period 1625.33
City Kansas City State MO Zip Code 64999-0102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Taxes Candidate Name	001 Category/Type	TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11809.80
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 16 / 21

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Brian Kelly		Transaction ID: 61012.E2533 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 6
Mailing Address 2404 Windward Blvd Apt 203 #204		Amount of Each Disbursement this Period 506.10
City Champaign State IL Zip Code 61821-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Reimbursement	Candidate Name	TRAVEL REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Brian Kelly		Transaction ID: 61023.E2543 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2404 Windward Blvd Apt 203 #204		Amount of Each Disbursement this Period 147.00
City Champaign State IL Zip Code 61821-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Reimbursement	Candidate Name	TRAVEL REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Town and Country Advertising		Transaction ID: 61005.E2531 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address PO Box 5104		Amount of Each Disbursement this Period 66.00
City Scottsdale State AZ Zip Code 85261-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Advertising Expense	Candidate Name	ADVERTISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	719.10
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 / 21

<input checked="" 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 type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name (Last, First, Middle Initial) A. Tuscola Review		Transaction ID: 61012.E2535 Date of Disbursement 10 / 10 / 2006	
Mailing Address 115 W Sale		Amount of Each Disbursement this Period 105.00	
City Tuscola State IL Zip Code 61953-	Purpose of Disbursement Advertising Expense Candidate Name	Category/Type 004 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ ADVERTISING EXPENSE		

Full Name (Last, First, Middle Initial) B. Upclose Printing		Transaction ID: 61005.E2530 Date of Disbursement 10 / 03 / 2006	
Mailing Address 714 S. 6th		Amount of Each Disbursement this Period 3038.47	
City Champaign State IL Zip Code 61820-	Purpose of Disbursement Printing Expense Candidate Name	Category/Type 003 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PRINTING EXPENSE		

Full Name (Last, First, Middle Initial) C. Urquhart Media LLC		Transaction ID: 61023.E2549 Date of Disbursement 10 / 18 / 2006	
Mailing Address 118 N Clinton Street, Suite 102		Amount of Each Disbursement this Period 60000.00	
City Chicago State IL Zip Code 60661-	Purpose of Disbursement Media Expense Candidate Name	Category/Type 004 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ MEDIA EXPENSE		

SUBTOTAL of Disbursements This Page (optional) ▶	63143.47
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 / 21

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Winfrey and Company

Full Name (Last, First, Middle Initial)

Mailing Address 228 South Washington Suite B-200

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement Fundraising Expense

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 61005.E2529

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

3424.30

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

FUNDRAISING EXPENSE

B. Xpress Professional Services

Full Name (Last, First, Middle Initial)

Mailing Address 220 E Adams Street

City Springfield State IL Zip Code 62701-

Purpose of Disbursement Phone Calls

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 61005.E2532

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

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

PHONE CALLS

SUBTOTAL of Disbursements This Page (optional)

4424.30

TOTAL This Period (last page this line number only)

80238.56

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 19 / 21
	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: LS60831.C7050

LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary
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	70725.12	29274.88

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 1 D D 2 4 Y Y Y Y 2 0 0 0	20070521	10.25 % (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: 29274.88
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)	29274.88
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 20 / 21
	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: LS60831.C7052

LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary
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 M M 03 D D 03 Y Y Y Y 2000	Date Due 20070521	Interest Rate 10.25 % (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)	69274.88
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

(Use separate schedule(s) for each numbered line)	PAGE 21 / 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

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: LS61025.E2564	
196.87		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
350.17	0.00	547.04

1) SUBTOTALS This Period This Page (optional).....	547.04
2) TOTALS This Period (last page this line number only).....	547.04
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)	