FEC FORM 3		T OF RE SBURSE Authorized Com	MENTS	Offi	ce Use Only
1. NAME OF COMMITTEE (in	full) USE FEC MAI		xample:If typing, type over the lines		
Friends of Tim Jc	hnson				
ADDRESS (number a	and street) PO Box 17	097			
Check if diff than previou reported. (A	isly				61803
2. FEC IDENTIFIC	ATION NUMBER 🛛 🗑	CITY 🛋		STATE 🛋	ZIP CODE
C0035042	1	3. IS THIS REPORT	NEW (N) OR	X AMENDED (A)	
July 15 Octobe	- (Election or	DST-Election Report for th General (30G)	General (12G)	In the State of Special (30S) in the State of
5. Covering Period	03 02	2006	through 0	3 31	2006
I certify that I have exactly that I have of Type or Print Name of	amined this Report and to the Treasurer Jame	e best of my knowled s P. Bray	ge and belief it is true, cor	rect and complete.	
Signature of Treasure		James P. Bray		Date 0.6	06 2006
	f false, erroneous, or incom	olete information may	v subject the person signin		-
Office Use Only					FEC FORM 3 (Revised 02/2003)

mage# 26930166755 FEC Form 3 (Revised 02/2003)		SUMMARY PAGE of Receipts and Disbursements	Page 2
	/rite or Type Committee Name		Tayo 2
	riends of Tim Johnson		
<u> </u>			
R		M M D D Y Y Y Y Y Y T Y Y T Y Y T Y	M M D D Y Y Y Y 0 3 31 2006
		COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions (other than loans)	i	
	(a) Total Contributions(other than loans) (from Line 11(e))	3600.00	161110.75
	(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))	3600.00	161010.75
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	6325.85	143129.46
	(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))	6325.85	143129.46
8.	Cash on Hand at Close of Reporting Period (from Line 27)	87639.36	
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)	69342.35	

For further information contact:

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

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

	FEC Form 3 (Revised 02/2003)	of Receipts	Page 3
	r Type Committee Name s of Tim Johnson		
Report	Covering the Period: From:	^M M 0 3 0 2 2 0 0 6	To: 03 D D Y Y Y 03 31 200
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
1. CON	ITRIBUTIONS (other than loans) FROM	1:	
.,	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	29637.30
	(ii) Unitemized	100.00	37572.00
	(iii) TOTAL of contributions from individuals	100.00	67209.30
(b)	Political Party Committees	0.00	196.00
(c)	Other Political Committees (such as PACS)	3500.00	93705.45
	The Candidate	0.00	0.00
. ,	TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	3600.00	161110.75
	NSFERS FROM OTHER HORIZED COMMITTEES	0.00	0.00
3. LOA	NS	-	
	Made or Guaranteed by the Candidate	0.00	0.00
	All Other Loans	0.00	0.00
(c)	TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
4. OFF	SETS TO OPERATING	-	
	ENDITURES unds, Rebates, etc.)	0.00	0.00
	ER RECEIPTS dends, Interest, etc.)	0.00	0.00
6. TOT	AL RECEIPTS (add Lines), 12, 13(c), 14, and 15)	3600.00	161110.75

Image# 26930166757

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 6325.85 143129.46 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 170000.00 by the Candidate..... 0.00 0.00 (b) Of all Other Loans..... (c) TOTAL LOAN REPAYMENTS 0.00 170000.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other 0.00 100.00 Than Political Committees..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 100.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS..... 22. TOTAL DISBURSEMENTS 6325.85 313229.46 (add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	90365.21
24.	TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)	3600.00
25.	SUBTOTAL (add Line 23 and Line 24)	93965.21
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	6325.85
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	87639.36

	JLE A (FEC Form 3 D RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 15 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 15
Any informat or for commo	tion copied from such Reports a	nd Statements may g the name and add	v not be sold or used by any persol dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	F COMMITTEE (In Full) of Tim Johnson			
A. American	e (Last, First, Middle Initial) Hospital Assoc PAC			Date of Receipt
City	ddress 325 Seventh Street	State	Zip Code	M M I D D Y
<u>Washin</u>	gton	DC	20004	Amount of Each Receipt this Period
	umber of contributing blitical committee.	C CO	0106146	1000.00
	Employer	Occupation		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt F X Prin Oth		Election C	ycle-to-Date ▼ 2000.00	Spending (2 0.3.0. 44 Ta(1)/44 Ta-T)
B. NEA PAC				Date of Receipt
	ddress 1201 16th Street, N			03 / 21 / Y Y Y Y 2006
City Washin	aton	State DC	Zip Code 20036	Transaction ID: 60329.C6911
FEC ID r	umber of contributing litical committee.		0003251	Amount of Each Receipt this Period
Name of	Employer	Occupation	1	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	For: 2006 mary X General her (specify) ♥	Election C	ycle-to-Date ▼ 2000.00	Spending (2 0.3.0. 44 Ta(1)/44 Ta-T)
C. Full Nam UPS PAC Mailing A		ay NE		Date of Receipt
City		State	Zip Code	0 3 0 7 2 0 0 6 Transaction ID: 60307.C6909
Atlanta		GA	30328	Amount of Each Receipt this Period
	number of contributing plitical committee.	C		500.00
Name of		Occupation		
Receipt F X Prin Oth		Election C	ycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAI	L of Receipts This Page (optiona	al)		3500.00
TOTAL Th	is Period (last page this line num	nber only)	· · · · · ·	3500.00

IT EMIZED DISBURSEMENTS Dreaded category of the Detailed Summary Page IT IT IS IS <th>SCHEDULE B (FEC Form 3)</th> <th>Use seperate schedule(s)</th> <th>LINE NUMBER: PAGE 6 / 15</th>	SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	LINE NUMBER: PAGE 6 / 15
ar 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 Full Name (Last, First, Middle Initial) A The Sumner Press Mailing Address P O Box 126 City State Zip Code City Candidate Name Candidate Name Disbursement Mailing Address P.O. Box 511 City Senate President Mailing Address P.O. Box 511 City State Zip Code City Candidate Name City Category Ca		Detailed Summary Page	20a 20b 20c 21
NAME OF COMMITTEE (In Full) Friends of Tim Johnson Full Name (Last, First, Middle Initial) A. The Sumner Press Mailing Address P O Box 126 City State Zip Code Summer IL 62466- Purpose of Disbursement 004 Advertising Expense Contributions Required Under Candidate Name Disbursement For: Office Sought: House State: Disbursement For: Office Sought: House State: Disbursement For: Office Sought: House State: Disbursement For: Mailing Address P.O. Box 511 Bull Name (Last, First, Middle Initial) Transaction ID: 60329, E2371 Date of Disbursement 001 Catigophy Transaction ID: 60329, E2371 Date of Disbursement 001 Categophy Transaction ID: 60329, E2371 Date of Disbursement 001 Categophy Transaction ID: 60329, E2370 Date of Disbursement 001 Candidate Name Disbursement For			
A. The Summer Press The Summer Press Mailing Address P O Box 126 City State Zip Code Summer IL 62466- Purpose of Disbursement 004 Cardidate Name 004 Office Sought: House State: Disbursement For: Primary General Office Sought: House B. All Name (Last, First, Middle Initial) B. Ameren IP Mailing Address P.O. Box 511 City State Disbursement 001 Cardidate Name Office Sought: House Disbursement For: Purpose of Disbursement 001 Cardidate Name Disbursement For: Purpose of Disbursement 001 Office Sought: House President Disbursement For: Office Sought: House State Disbursement For: Purpose of Disbursement Disbursement For: Office Sought: House Disbursement 01 Office Sought: H			
City State Zip Code Summer IL 62466- Purpose of Disbursement 004, Advertising Expense 004, Candidate Name Office Sought: House President Disbursement For: 04, President Disbursement For: 04, City Senate Primary Gity State Zip Code Malling Address P.O. Box 511 Transaction ID: 60329, E2371 Data of Disbursement 001 Category/ Type Transaction ID: 60329, E2371 Data of Disbursement 001 City State Zip Code Decatur IL 62525- Purpose of Disbursement 001 Category/ Office Sought: House Disbursement For: UTILITIES Office Sought: House Disbursement For: UTILITIES City Senate President Other (specify) ▼ Transaction ID: 60329, E2370 Data of Disbursement Disbursement For: Disbursement For: UTILITIES City Senate			
Summer IL 62466- 9urpose of Disbursement Adverting Expense 004 Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Otfice Sought: House President Disbursement For: Other (specify) ▼ 004 Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 B. Full Name (Last, First, Middle Initial) Ameren IP Transaction ID: 60329.E2371 Date of Disbursement 01 fb / 2 0 0 fb Mailing Address P.O. Box 511 001 Category/ Type Amount of Each Disbursement this Pe Category/ Type Office Sought: House Senate Disbursement For: Disbursement For: Decatur 001 Category/ Type Office Sought: House Disbursement For: District: Disbursement For: Disbursement For: District: 001 Category/ Type C. Full Name (Last, First, Middle Initial) Transaction ID: 60329.E2370 Date of Disbursement Disbursement C. Full Name (Last, First, Middle Initial) Transaction ID: 60329.E2370 Date of Disbursement IL 0 fb	Mailing Address P O Box 126		$\begin{array}{c} \begin{array}{c} \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} M \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \begin{array}{c} D \\ \end{array} \\ \begin{array}{c} T \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ \end{array} \\$
Puipse of Disubscriftering 004 Advertising Expense 004 Cardidate Name 004 Office Sought: House State: Distursement For: District: Primary General Other (specify) Full Name (Last, First, Middle Initial) Transaction ID: 60329.E2371 Date of Disbursement 001 City State Decatur IL Building Address P.O. Box 511 Office Sought: House Office Sought: House Office Sought: Disbursement For:			Amount of Each Disbursement this Period
Type Type 11 C.F.R. 400.53 Office Sought: House Senate Disbursement For: ADVERTISING EXPENSE Bruil Name (Last, First, Middle Initial) B. Ameren IP Transaction ID: 60329.E2371 Date of Disbursement Mailing Address P.O. Box 511 District: District: Date of Disbursement City State Zip Code Amount of Each Disbursement this Pe Purpose of Disbursement 001 Category/ Transaction ID: 60329.E2370 Office Sought: House Disbursement For: UTILITIES Office Sought: House Disbursement For: UTILITIES Office Sought: House Disbursement For: UTILITIES Crip Link Name (Last, First, Middle Initial) Transaction ID: 60329.E2370 Date of Disbursement City State: District: Other (specify) ▼ Amount of Each Disbursement this Pe City State: 20 Y do 6 Amount of Each Disbursement this Pe State Zip Code City Urbana IL 61801- Mailing Address 201 W. Main City Urbana IL 61801- State	Advertising Expense		
B. Ameren IP Initiation 10002.25.11 Initiation 10002.25.11 Mailing Address P.O. Box 511 Initiation 10002.25.11 City State Zip Code Decatur IL 62525- Purpose of Disbursement 001 Utilities 001 Candidate Name 001 Office Sought: House President Disbursement For: Office Sought: House President Disbursement For: Other (specify) UTILITIES State: District: Full Name (Last, First, Middle Initial) C. Busey Bank Disbursement Mailing Address 201 W. Main City State Urbana IL Office Sought: House Urbana IL Office Sought: House Office Sought: Disbursement For: Office Sought: Banate Office Sought: Disbursement For: Office Sought: Disbursement For: Office Sought: Disbursement For: Office	Senate President	sement For: Primary General	11 C.F.R. 400.53
City State Zip Code Decatur IL 62525- Purpose of Disbursement 001 Candidate Name 001 Candidate Name Office Sought: House Senate Primary General Office Sought: House Disbursement For: State: District: UTILITIES VIII Name (Last, First, Middle Initial) Transaction ID: 60329.E2370 Cate of Disbursement Disbursement Mailing Address 201 W. Main City State Zip Code Urbana IL 61801- Purpose of Disbursement 009 Candidate Name Disbursement For: Office Sought: House State Zip Code Urbana IL Candidate Name 009 Candidate Name Disbursement For: Office Sought: House Disbursement For: Disbursement For: Office Sought: House Disbursement For: Other (specify) ▼ Office Sought: House <t< th=""><td>Full Name (Last, First, Middle Initial)</td><td></td><td>Date of Disbursement</td></t<>	Full Name (Last, First, Middle Initial)		Date of Disbursement
Decatur IL 62525- Purpose of Disbursement 001 Utilities 001 Candidate Name 001 Office Sought: House Senate Disbursement For: President Disbursement For: State: District: VILL TILL Disbursement For: Other (specify) V State: District: Full Name (Last, First, Middle Initial) Transaction ID: 60329.E2370 Date of Disbursement Disbursement Mailing Address 201 W. Main City State Urbana IL Purpose of Disbursement 009 Candidate Name O09 Candidate Name O09 Candidate Name Disbursement For: Office Sought: House Disbursement For: Disbursement For: Office Sought: House Disbursement For: Other (specify) V Office Sought: House Disbursement For: Disbursement For: Other (specify) V INTEREST PAYMENT <td>Mailing Address P.O. Box 511</td> <td></td> <td>$\begin{array}{c} \begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \end{array} \\ \begin{array}{c} 0 \end{array} \\ \end{array} \\ \begin{array}{c} 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} 0 \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 0 \\ 0 \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y$</td>	Mailing Address P.O. Box 511		$\begin{array}{c} \begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \end{array} \\ \begin{array}{c} 0 \end{array} \\ \end{array} \\ \begin{array}{c} 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} 0 \end{array} \\ \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} 0 \\ 0 \end{array} \\ \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 0 \\ 0 \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \\ Y \\ Y \\ Y \\ Y \end{array} \\ \begin{array}{c} Y \\ Y $
Utilities 001 Candidate Name 001 Candidate Name 001 Office Sought: House Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 60329.E2370 Date of Disbursement Date of Disbursement Mailing Address 201 W. Main City State Urbana IL Purpose of Disbursement 009 Candidate Name 009 Candidate Name 009 Candidate Name Disbursement Mailing Address 201 W. Main Mailing Address 201 W. Main City State Zip Code Urbana IL 61801- Purpose of Disbursement 009 Candidate Name 009 Candidate Name Disbursement For: Office Sought: House Disbursement For: Office Sought: House Disbursement For: INTEREST PAYMENT Office Sought: President Other (Decatur		Amount of Each Disbursement this Period
Senate Primary General UTLITIES State: District: Other (specify) ▼ Full Name (Last, First, Middle Initial) Transaction ID: 60329,E2370 Date of Disbursement Mailing Address 201 W. Main Main Main Main City State Zip Code Amount of Each Disbursement this Pe Urbana IL 61801- 511.86 Purpose of Disbursement 009 Category/ Stategory/ Interest Payment 009 Category/ Transaction ID: 60329,E2370 Office Sought: House Disbursement For: Senate Primary General 009 Category/ Office Sought: House Disbursement For: Senate Primary General INTEREST PAYMENT	Utilities	Category	Refund or Disposal of Excess Contributions Required Under
Full Name (Last, First, Middle Initial) Busey Bank Mailing Address 201 W. Main City State Zip Code Urbana IL 61801- Purpose of Disbursement 009 Interest Payment 009 Candidate Name Disbursement For: Office Sought: House President Disbursement For: Office Sought: House Disbursement For: Other (specify) Office Sought: President	Senate President	Primary General	UTILITIES
City State Zip Code Urbana IL 61801- Purpose of Disbursement 009 Interest Payment 009 Candidate Name Category/ Type Office Sought: House Disbursement For: Primary Office Sought: Primary President Other (specify)	Full Name (Last, First, Middle Initial)		Date of Disbursement
Urbana IL 61801- Purpose of Disbursement Interest Payment 009 511.86 Candidate Name 009 Category/ Type Category/ 11 C.F.R. 400.53 Office Sought: House Disbursement For: Senate Primary General Other (specify) Other (specify) INTEREST PAYMENT	Mailing Address 201 W. Main		$\begin{array}{c c} \begin{array}{c} M & M \\ \hline 0 & 3 \end{array} & \begin{array}{c} D & D \\ \hline 1 & 6 \end{array} & \begin{array}{c} Y & Y & Y & Y \\ \hline 2 & 0 & 0 & 6 \end{array}$
Interest Payment 009 Candidate Name 009 Office Sought: House Disbursement For: Senate Primary General Other (specify) V			Amount of Each Disbursement this Period
Office Sought: House Disbursement For: Interest Primary President Other (specify) ▼	Interest Payment	009	
Senate Primary General INTEREST PAYMENT President Other (specify)		Туре	
	Senate President	Primary General	INTEREST PAYMENT
SUBTOTAL of Disbursements This Page (optional) 639.44	SUBTOTAL of Disbursements This Page (optional)	639.44
TOTAL This Period (last page this line number only)			►

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	-	NUMBER: PAGE 7/15
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
	Full Name (Last, First, Middle Initial)			Transaction ID: 60303.E2360
۹.	Chrisman Leader			Date of Disbursement 03 / 02 / 2006
	Mailing Address PO Box 87			
	,	State Zip Code IL 61924-		Amount of Each Disbursement this Period
	Purpose of Disbursement			27.00
	Advertising Expense Candidate Name		004 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		ADVERTISING EXPENSE
	Full Name (Last, First, Middle Initial)			
3.	Chrisman Leader			Transaction ID: 60307.E2365 Date of Disbursement
	Mailing Address PO Box 87			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} $
	5	State Zip Code IL 61924-		Amount of Each Disbursement this Period
	Purpose of Disbursement Advertising Expense		004	54.00
	Candidate Name		004 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		ADVERTISING EXPENSE
	State: District:			
С.	Full Name (Last, First, Middle Initial) Devonshire Realty			Transaction ID: 60316.E2368 Date of Disbursement
	Mailing Address PO Box 140			M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		State Zip Code IL 61824-0140		Amount of Each Disbursement this Period
	Purpose of Disbursement Rent		001	575.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		RENT
5	JBTOTAL of Disbursements This Page (optional) .		►	656.00

	HEDULE B (FEC	-	Use seper	rate schedule(s)	FOR LINE (check only	NUMBER:	PAGE 8/15
	EMIZED DISBURS	_	Detailed S	ategory of the summary Page		X 17 18 20a 20b	19a 19b 20c 21
	Information copied from suc or commercial purposes, othe						
	NAME OF COMMITTEE (In Friends of Tim Johnson	-					
	Full Name (Last, First, Middl					Transaction ID: 6	0329.E2372
	Keelen Communications Mailing Address PO Bo	s x 2776				Date of Disbursem	
		12 2770					
	City Arlington		State VA	Zip Code 22202-		Amount of Each D	isbursement this Period
	Purpose of Disbursement Fundraising Expense				000		1740.00
	Candidate Name				003 Category/ Type	Refund or Disp Contributions F 11 C.F.R. 400.	Required Under
	Office Sought: Hous Sena Presi State: District:	te	ement For: Primary Other (spec	General cify) ▼		FUNDRAISING	EXPENSE
	Full Name (Last, First, Middl	e Initial)				Transaction ID: 6	0329.E2378
I	Brian Kelly					Date of Disbursem	ent
ļ	Mailing Address 2404 V #204	Vindward Blvd Ap	t 203			03 ^M / ^D 27	Ý Ý Ý Ý Ý Ý Ý 2006
	^{City} Champaign		State IL	Zip Code 61821-		Amount of Each D	isbursement this Period
	Purpose of Disbursement Travel Reimbursement				002	Defined as Disa	373.70
	Candidate Name				Category/ Type	Refund or Disp Contributions F 11 C.F.R. 400.	Required Under
	Office Sought: Hous Sena Presi State: District:	te	ement For: Primary Other (spec	General General		TRAVEL REIMB	URSEMENT
	Full Name (Last, First, Middl	e Initial)				Transaction ID: 6	0329 E2377
	Brian Kelly	-				Date of Disbursem	
Ī	Mailing Address 2404 Windward Blvd Apt 203 #204				0 ^M 3 ^M / ^D 2 ^T	[′] [°]	
	City Champaign		State IL	Zip Code 61821-		Amount of Each D	isbursement this Period
Ī	Purpose of Disbursement Salary			01021-	001	Refund or Disp	1510.79
	Candidate Name				Category/ Type		Required Under
	Office Sought: Hous Sena Presi State: District:	te	ement For: Primary Other (spec	General ify) ▼		SALARY	
	IBTOTAL of Disbursements	I					3624.49

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 9/15 y one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	Information copied from such Reports and Statem or commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)			
$\underline{)}$	Friends of Tim Johnson			
A.	Full Name (Last, First, Middle Initial) Managed Tax Services			Transaction ID: 60307.E2362 Date of Disbursement
	Mailing Address 2501 Galen Dr			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 0 & 7 \end{bmatrix} $ $ \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
	Champaign	State Zip Code IL 61826-		Amount of Each Disbursement this Period
	Purpose of Disbursement			75.00
	Tax Service Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		TAX SERVICE
	Full Name (Last, First, Middle Initial)			
B.	Managed Tax Services			Transaction ID: 60329.E2373 Date of Disbursement
	Mailing Address 2501 Galen Dr			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 3 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
	,	State Zip Code IL 61826-		Amount of Each Disbursement this Period
	Purpose of Disbursement			75.00
	Tax Services Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) ▼		TAX SERVICES
	State: District:			
C.	Full Name (Last, First, Middle Initial) Mcleod USA			Transaction ID: 60303.E2356 Date of Disbursement
	Mailing Address 2302 Fox Dr			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 0 & 2 \end{bmatrix} $ $ \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
	·	StateZip CodeIL61820-		Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Service		001	11.98 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		PHONE SERVICE
	JBTOTAL of Disbursements This Page (optional) .		►	161.98

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b
	y Information copied from such Reports and State			
\rangle	or commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) Friends of Tim Johnson	ne and address of any political	I committee to so	licit contributions from such committee
	Full Name (Last, First, Middle Initial) Mcleod USA			Transaction ID: 60329.E2375 Date of Disbursement
	Mailing Address 2302 Fox Dr			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 3 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y \\ 2 \end{bmatrix} \begin{bmatrix} Y \\ 2 \end{bmatrix} \begin{bmatrix} Y \\ 2 \end{bmatrix} \begin{bmatrix} Y \\ 0 \end{bmatrix} \begin{bmatrix} Y \\ 2 \end{bmatrix} \begin{bmatrix} $
	City Champaign	State Zip Code IL 61820-		Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Service Candidate Name		001 Category/	11.98 Refund or Disposal of Excess Contributions Required Under
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼	Туре	11 C.F.R. 400.53 PHONE SERVICE
•	Full Name (Last, First, Middle Initial) SBC			Transaction ID: 60303.E2357 Date of Disbursement
	Mailing Address 225 W Randolph St Floor 27A			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} $
	City Chicago	StateZip CodeIL60606-		Amount of Each Disbursement this Perio
	Purpose of Disbursement Phone Service Candidate Name		001 Category/ Type	166.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		PHONE SERVICE
	Full Name (Last, First, Middle Initial) SBC			Transaction ID: 60329.E2376 Date of Disbursement
	Mailing Address 225 W Randolph St Floor 27A			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D \\ 2 & 3 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
	City Chicago	State Zip Code IL 60606-		Amount of Each Disbursement this Perio
	Purpose of Disbursement Phone Service Condidate Name		001	210.95 Refund or Disposal of Excess Contributions Required Under
	Candidate Name Office Sought: House Disburg	sement For:	Category/ Type	11 C.F.R. 400.53
	State: District:	Primary General Other (specify)		PHONE SERVICE
	UBTOTAL of Disbursements This Page (optional		►	388.94

	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 11/15
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	r Information copied from such Reports and Statem or commercial purposes, other than using the name			
<u>\</u>	NAME OF COMMITTEE (In Full)			
\geq	Friends of Tim Johnson			
Α.	Full Name (Last, First, Middle Initial) Jason Shelby			Transaction ID: 60303.E2361 Date of Disbursement
	Mailing Address 6402 Birchwood Lane			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 0 & 2 \end{pmatrix} $ $ \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
		State Zip Code IL 62521-		Amount of Each Disbursement this Period
	Purpose of Disbursement			116.15
	Salary Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		SALARY
в.	Full Name (Last, First, Middle Initial) U.S. Postmaster			Transaction ID: 60329.E2369 Date of Disbursement
	Mailing Address 2001 N. Mattis			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} $ $ \begin{bmatrix} D & D \\ 1 & 6 \end{bmatrix} $ $ \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $ $ \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} $
	,	State Zip Code IL 61821-		Amount of Each Disbursement this Period
	Purpose of Disbursement P O Box		001	132.00
	Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		P O BOX
	State: District:			
C.	Full Name (Last, First, Middle Initial) Verizon Wireless			Transaction ID: 60303.E2359 Date of Disbursement
	Mailing Address PO Box 6170			$ \begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} $ $ \begin{pmatrix} D & D \\ 0 & 2 \end{pmatrix} $ $ \begin{pmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
		State Zip Code IL 60197-		Amount of Each Disbursement this Period
	Purpose of Disbursement Phone Service		001	150.00 Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼		PHONE SERVICE
	JBTOTAL of Disbursements This Page (optional) .			398.15

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		NE NUMBER: only one) X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Friends of Tim Johnson		on for the purpose of solicating contributions
Full Name (Last, First, Middle Initial) A. Verizon Wireless Mailing Address PO Box 6170		Transaction ID: 60329.E2374 Date of Disbursement $\begin{array}{c c} & & \\ \hline \hline & & \\ \hline \hline & & \\ \hline & & \\ \hline \hline & & \\ \hline & & \\ \hline \\ \hline$
	State Zip Code L 60197- 001 Category/ Type	Amount of Each Disbursement this Period 181.85 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	nent For: Primary General Other (specify) ▼	PHONE SERVICE

1		
SUBTOTAL of Disbursements This Page (optional)	►	181.85
TOTAL This Period (last page this line number only)	•	6050.85
FEC Schedule B (Form 3) Rev. 02/2003		

5									
SCHEDULE C (FEC Form 3)		Use separate schedule(s)	PAGE 13 / 15						
LOANS		for each category of the	FOR LINE NUMBER:						
		Detailed Summary Page	(check only one) X 13a 13b						
NAME OF COMMITTEE (In Full)			100						
Friends of Tim Johnson									
		Transa	ction ID: LS50714.C6626						
LOAN SOURCE Full Name (Last, First	st, Middle Initial)	E	Election:						
Busey Bank		-	Primary						
Mailing Address 201 W. Main			General X Other (specify) ▼						
			Primary						
City Urbana	State IL ZIP Co		<u>r mitary</u>						
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period						
100000.0	00	70725.12	29274.88						
TERMS									
Date Incurred	Date Due	Interest Ra	te Secured:						
0 1 D D Y Y Y 0 1 2 4 2 0 0 0	20060521	8	.750 _{% (apr)} X Yes No						
List All Endorsers or Guarantors (if any)		News of England							
Full Name (Last, First, Middle Initial) Timothy V. Johnson		Name of Employer							
Mailing Address		Occupation							
413 Berringer Circle									
		Amount							
City S Urbana II	State ZIP Code L 61802-	Guaranteed Outstanding:	29274.88						
Full Name (Last, First, Middle Initial)		Name of Employer							
		Name or Employer							
Mailing Address		Occupation							
	710.0	Amount Guaranteed	0 0 0 0 0 0						
City	State ZIP Code	Outstanding:							
Full Name (Last, First, Middle Initial))	Name of Employer							
Mailing Address		Occupation							
		Amount							
City	State ZIP Code	Guaranteed							
		Outstanding:							
Full Name (Last, First, Middle Initial)		Name of Employer							
Mailing Address		Occupation							
		Amount	0 0 0 0 0 0 0						
City	State ZIP Code	Guaranteed Outstanding:							
r · ·									

SUBTOTALS This Period This Page (optional)								2	927	' 4 .8	38
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											

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC Schedule C ($\,Form\,3\,$) $\,Rev.\,02/2003\,$

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Inage# 2000100707								
SCHEDULE C (FEC Form 3)		PAGE 14/15						
LOANS	Use separate schedule(s) for each category of the	FOR LINE NUMBER:						
	Detailed Summary Page	(check only one) X 13a 13b						
NAME OF COMMITTEE (In Full)		100						
Friends of Tim Johnson								
		action ID: LS50714.C6625						
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:						
Busey Bank		General						
Mailing Address 201 W. Main	X Other (specify)							
City Urbana State IL ZIP Cod	e 61801-	Primary						
City Urbana State IL ZIP Cod Original Amount of Loan Cumulative Payment To I		e Outstanding at Close of This Period						
40000.00	0.00	40000.00						
TERMS								
Date Incurred Date Due	Interest Ra	ate Secured:						
0 3 0 9 2 0 0 0 20060521		3.750 % (apr) X Yes No						
List All Endorsers or Guarantors (if any) to Loan Source								
Full Name (Last, First, Middle Initial) Timothy Johnson	Name of Employer							
Mailing Address	Occupation							
413 Berringer Circle	Attorney Amount							
City State ZIP Code	Guaranteed	40000.00						
Urbana IL 61802-	Outstanding:							
Full Name (Last, First, Middle Initial)	Name of Employer							
Mailing Address	Occupation							
	Amount							
City State ZIP Code	Guaranteed Outstanding:							
Full Name (Last, First, Middle Initial)	Name of Employer							
Mailing Address	Occupation							
	Amount							
City State ZIP Code	Guaranteed Outstanding:							
Full Name (Last, First, Middle Initial)	Name of Employer							
Mailing Address	Occupation							
	Amount	0 0 0 0 0 0 0						

	City	State	ZIP Code	Guaranteed Outstanding:									
5	UBTOTALS This Period	This Page (optional)						-			4(0000.	00
г	OTALS This Period (last	page in this line only)		•							69	9274.	88
C	arry outstanding balance	only to LINE 3, Schedule	D, for this line. If r	no Schedule D, carry forwa	rd to	appro	oprait	te lin	e of S	Sumn	nary.		

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FEC Schedule C ($\,Form\,3\,$) $\,Rev.\,02/2003\,$

SCHEDULE D (FEC Form 3)		(1.100	aanarata	PAGE 15 / 15
DEBTS AND OBLIGATIONS		sch	separate edule(s) or each pered line)	FOR LINE NUMBER: (check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)		nam		X 10
Friends of Tim Johnson				
A. Full Name (Last, First, Middle Initial) of Debto Busey Bank	r or Creditor			ebt (Purpose): red Interest
Mailing Address 201 W. Main				
City State Urbana IL	ZIP Code 61801-			
Outstanding Balance Beginning This Period			Trai	nsaction ID: LS60329.E2370
74.33				
Amount Incurred This Period	Payment This Period		Outstandir	ng Balance at Close of This Period
505.00	511.86	3		67.47
1) SUBTOTALS This Period This Page (optional).				67.47
2) TOTALS This Period (last page this line number	only))		67.47
3) TOTALS OUTSTANDING LOANS from Sched	ule C (last page only)	.)		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)		