

**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 (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 03 16 2004 in the State of IL

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

General (30G)      Runoff (30R)      Special (30S)  
 Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2004 through 02 25 2004

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

Type or Print Name of Treasurer James P. Bray

Signature of Treasurer Electronically Filed by James P. Bray Date 03 03 2004

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

Office  
Use  
Only

**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Tim Johnson

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y  
0 1 0 1 2 0 0 4 0 2 2 5 2 0 0 4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(a)).....	25658.99	296675.04
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	150.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	25658.99	296525.04
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	17814.21	166911.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	401.90
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	17814.21	166509.92
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	171626.75	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	241485.26	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

Friends of Tim Jahnsan

Report Covering the Period: From: <sup>M M</sup> 0 1 <sup>D J</sup> 0 1 <sup>Y</sup> 2 0 0 4 To: <sup>V V</sup> 0 2 <sup>U J</sup> 2 5 <sup>Y</sup> 2 0 0 4

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7769.00	
(ii) Unitemized.....	4039.99	
(iii) TOTAL of contributions	11808.99	137498.99
from individuals..... ▶		
(b) Political Party Committees.....	0.00	1294.39
(c) Other Political Committees (such as PACS).....	13850.00	157881.66
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	25658.99	296675.04
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	401.90
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	25658.99	297076.94

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	17814.21	166911.82
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	100301.54
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	100301.54
<hr/>		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	150.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	150.00
<hr/>		
21. OTHER DISBURSEMENTS.....	0.00	5100.00
<hr/>		
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) [ > ]	17814.21	272463.36

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	163781.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	25659.99
25. SUBTOTAL (add Line 23 and Line 24).....	189440.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17814.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	171626.75

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

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

FOR LINE NUMBER: PAGE 6 / 34

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1650.00</b>
<b>TOTAL</b> 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 / 34

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

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

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

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

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

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

FOR LINE NUMBER: PAGE 7 / 34

(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Friends of Tim Jahnsan

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

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

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

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

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

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

FOR LINE NUMBER: PAGE 8 / 34

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>B. SBC EMPAC</b>		Date of Receipt M / D / Y 02 / 25 / 2004
Mailing Address 175 E. Houston		Transaction ID: 0301200426C5878
City San Antonio	State TX	Zip Code 78205-
FEC ID number of contributing federal political committee. <b>C CD0109D17</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. SBC EMPAC</b>		Date of Receipt M / D / Y 02 / 25 / 2004
Mailing Address 175 E. Houston		Transaction ID: 0301200426C5880
City San Antonio	State TX	Zip Code 78205-
FEC ID number of contributing federal political committee. <b>C CD0109D17</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>4000.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>13650.00</b>



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

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

FOR LINE NUMBER: PAGE 9 / 34  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Friends of Tim Jahnsan

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

Full Name (Last, First, Middle Initial) <b>B. Ray Campa</b>		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 3401 Lakeshore Drive		Transaction ID: 0211200421C5863
City Champaign	State IL	Zip Code 61822-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer retired	Occupation Retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 650.00	

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

SUBTOTAL of Receipts This Page (optional) .....	<b>690.00</b>
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 10 / 34  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Friends of Tim Jahnsan

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1550.00</b>
<b>TOTAL</b> 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 / 34  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Friends of Tim Jahnsan

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

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

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

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 12 / 34

(check only one)

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

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

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

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

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 34

(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Friends of Tim Jahnsan

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

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

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

SUBTOTAL of Receipts This Page (optional) .....	<b>800.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 14 / 34

(check only one)

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

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

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

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

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

**SCHEDULE 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 / 34

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

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.** Abbots Florists

Mailing Address PO Box 1561

City Champaign State IL Zip Code 61824-

Purpose of Disbursement  
Supplies

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: D301200427E1745  
Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

71.66

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

SUPPLIES

Full Name (Last, First, Middle Initial)

**B.** Abbots Florists

Mailing Address PO Box 1561

City Champaign State IL Zip Code 61824-

Purpose of Disbursement  
Supplies

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: D301200427E1744  
Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

46.95

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

SUPPLIES

Full Name (Last, First, Middle Initial)

**C.** Abbots Florists

Mailing Address PO Box 1561

City Champaign State IL Zip Code 61824-

Purpose of Disbursement  
Supplies

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: D301200427E1746  
Date of Disbursement

02 / 11 / 2004

Amount of Each Disbursement this Period

98.90

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

SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

217.51

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 34

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

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.** AT&T Phone Company

Mailing Address PO Box 105308

City Atlanta State GA Zip Code 30348-5308

Purpose of Disbursement  
Phone Service

Candidate Name

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

State: District

001  
Category/  
Type

Transaction ID: D301200427E1734  
Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

0.92

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

**B.** Bank Illinois

Mailing Address 100 W. University Avenue

City Champaign State IL Zip Code 61820-

Purpose of Disbursement  
Taxes

Candidate Name

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

State: District

001  
Category/  
Type

Transaction ID: D301200427E1756  
Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

1594.23

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

TAXES

Full Name (Last, First, Middle Initial)

**C.** Devonshire Realty

Mailing Address PO Box 140

City Champaign State IL Zip Code 61824-0140

Purpose of Disbursement  
Rent

Candidate Name

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

State: District

001  
Category/  
Type

Transaction ID: 0301200427E1765  
Date of Disbursement

02 / 04 / 2004

Amount of Each Disbursement this Period

546.25

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

RENT

SUBTOTAL of Disbursements This Page (optional) ▶

**2141.40**

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



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

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

FOR LINE NUMBER:  
 (check only one)

PAGE 17 / 34

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

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. Devonshire Realty**

Mailing Address PO Box 140

City Champaign State IL Zip Code 61824-0140

Purpose of Disbursement  
 Rent

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type  
 001

Transaction ID: D301200427E1764  
 Date of Disbursement  
 02 / 04 / 2004

Amount of Each Disbursement this Period  
 546.25

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

RENT

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

Mailing Address 850 East Madison Street

City Springfield State IL Zip Code 62702-

Purpose of Disbursement  
 Taxes

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type  
 001

Transaction ID: D301200427E1758  
 Date of Disbursement  
 01 / 28 / 2004

Amount of Each Disbursement this Period  
 16.48

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

TAXES

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

Mailing Address 2001 Federal Way

City Urbana State IL Zip Code 61801-

Purpose of Disbursement  
 Postage

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type  
 001

Transaction ID: 0301200427E1749  
 Date of Disbursement  
 01 / 22 / 2004

Amount of Each Disbursement this Period  
 23.77

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

POSTAGE

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **588.50**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 34

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

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. Federal Express**

Mailing Address 2001 Federal Way

City Urbana State IL Zip Code 61801-

Purpose of Disbursement  
Postage

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: D301200427E1750  
Date of Disbursement

01 / 30 / 2004

Amount of Each Disbursement this Period

105.34

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

POSTAGE

Full Name (Last, First, Middle Initial)

**B. Fox Development Corp.**

Mailing Address 1909 Fox Drive

City Champaign State IL Zip Code 61820-

Purpose of Disbursement  
Travel Expense

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

002  
Category/  
Type

Transaction ID: D301200427E1750  
Date of Disbursement

01 / 07 / 2004

Amount of Each Disbursement this Period

782.00

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

TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)

**C. Great American Seafood**

Mailing Address 1711 W Kirby Ave

City Champaign State IL Zip Code 61820-

Purpose of Disbursement  
Fundraising Expense

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

003  
Category/  
Type

Transaction ID: D301200427E1750  
Date of Disbursement

01 / 30 / 2004

Amount of Each Disbursement this Period

357.54

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

FUNDRAISING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

1244.88

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 34

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

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. Illinois Department of Rev

Mailing Address Willard Ice Bldg.  
101 West Jefferson

City Springfield State IL Zip Code 62702-

Purpose of Disbursement  
Taxes

Candidate Name

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

001  
Category/  
Type

Transaction ID: D301200427E1757  
Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

182.20

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

TAXES

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

Mailing Address P.O. Box 511

City Decatur State IL Zip Code 62525-

Purpose of Disbursement  
Utilities

Candidate Name

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

001  
Category/  
Type

Transaction ID: D301200427E1742  
Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

54.94

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

UTILITIES

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

Mailing Address P.O. Box 511

City Decatur State IL Zip Code 62525-

Purpose of Disbursement  
Utilities

Candidate Name

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

001  
Category/  
Type

Transaction ID: D301200427E1743  
Date of Disbursement

02 / 18 / 2004

Amount of Each Disbursement this Period

134.72

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

UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶

371.86

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 20 / 34

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

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. Keelan Communications**

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement  
 Fundraising Expense

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General Other (specify) ▼

003  
 Category/  
 Type

Transaction ID: D301200427E1735  
 Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

547.53

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

FUNDRAISING EXPENSE

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

Mailing Address PO Box 2776

City Arlington State VA Zip Code 22202-

Purpose of Disbursement  
 Fundraising Expense

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General Other (specify) ▼

003  
 Category/  
 Type

Transaction ID: D301200427E1735  
 Date of Disbursement

02 / 18 / 2004

Amount of Each Disbursement this Period

5184.00

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

FUNDRAISING EXPENSE

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

Mailing Address 2580 S Stone Creek

City Urbana State IL Zip Code 61802-

Purpose of Disbursement  
 Fundraising Expense

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: Primary General Other (specify) ▼

003  
 Category/  
 Type

Transaction ID: 0301200427E1755  
 Date of Disbursement

01 / 30 / 2004

Amount of Each Disbursement this Period

600.00

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

FUNDRAISING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

6331.53

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 34

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

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 Jahnson

Full Name (Last, First, Middle Initial)

**A.** Kinkos

Mailing Address 505 S. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement  
Printing

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

003  
Category/  
Type

Transaction ID: D301200427E1747  
Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

49.83

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

PRINTING

Full Name (Last, First, Middle Initial)

**B.** Kinkos

Mailing Address 505 S. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement  
Printing

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

003  
Category/  
Type

Transaction ID: D301200427E1765  
Date of Disbursement

02 / 11 / 2004

Amount of Each Disbursement this Period

46.06

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

PRINTING

Full Name (Last, First, Middle Initial)

**C.** Managed Tax Services

Mailing Address 2501 Galen Dr

City Champaign State IL Zip Code 61826-

Purpose of Disbursement  
Tax Services

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: 0301200427E1761  
Date of Disbursement

02 / 02 / 2004

Amount of Each Disbursement this Period

700.00

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

TAX SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶

789.89

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 34

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

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. Mcleod USA

Mailing Address 2302 Fox Dr

City Champaign State IL Zip Code 61820-

Purpose of Disbursement  
Phone Service

Candidate Name

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

State: District

001  
Category/  
Type

Transaction ID: D301200427E1730  
Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

22.97

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

B. Mcleod USA

Mailing Address 2302 Fox Dr

City Champaign State IL Zip Code 61820-

Purpose of Disbursement  
Phone Service

Candidate Name

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

State: District

001  
Category/  
Type

Transaction ID: D301200427E1731  
Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

16.02

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

C. Mcleod USA

Mailing Address 2302 Fox Dr

City Champaign State IL Zip Code 61820-

Purpose of Disbursement  
Phone Service

Candidate Name

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

State: District

001  
Category/  
Type

Transaction ID: D301200427E1732  
Date of Disbursement

02 / 23 / 2004

Amount of Each Disbursement this Period

15.31

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

56.30

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 34

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

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. Maureen OSullivan

Mailing Address 803 W. Springfield  
#B

City Champaign State IL Zip Code 61820-

Purpose of Disbursement  
Salary

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: D301200427E1760  
Date of Disbursement  
02 / 02 / 2004

Amount of Each Disbursement this Period  
1500.16  
Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

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

Mailing Address 1044 E. North Road

City Danvers State IL Zip Code 61732-

Purpose of Disbursement  
Salary

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: D301200427E1741  
Date of Disbursement  
01 / 15 / 2004

Amount of Each Disbursement this Period  
120.67  
Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

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

Mailing Address 1044 E. North Road

City Danvers State IL Zip Code 61732-

Purpose of Disbursement  
Salary

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: 0301200427E1769  
Date of Disbursement  
02 / 18 / 2004

Amount of Each Disbursement this Period  
219.44  
Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

SUBTOTAL of Disbursements This Page (optional) ▶

1840.27

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 24 / 34

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

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.** Quill Corporation

Mailing Address P.O. Box 94081

City Palatine State IL Zip Code 60094-

Purpose of Disbursement  
Campaign Materials

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

006  
Category/  
Type

Transaction ID: D301200427E1733  
Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

688.78

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

CAMPAIGN MATERIALS

Full Name (Last, First, Middle Initial)

**B.** Quill Corporation

Mailing Address P.O. Box 94081

City Palatine State IL Zip Code 60094-

Purpose of Disbursement  
Campaign Materials

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

006  
Category/  
Type

Transaction ID: D301200427E1736  
Date of Disbursement

02 / 11 / 2004

Amount of Each Disbursement this Period

214.65

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

CAMPAIGN MATERIALS

Full Name (Last, First, Middle Initial)

**C.** SBC

Mailing Address 225 W Randolph St  
Floor 27A

City Chicago State IL Zip Code 60606-

Purpose of Disbursement  
Phone Service

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

001  
Category/  
Type

Transaction ID: 0301200427E1726  
Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

95.23

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

998.66

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 25 / 34

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

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. 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: D301200427E1727  
 Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

113.03

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

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: D301200427E1728  
 Date of Disbursement

02 / 29 / 2004

Amount of Each Disbursement this Period

113.64

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

C. Shapiros Deli

Mailing Address 808 S Meridan

City Indianapolis State IN Zip Code 46218-

Purpose of Disbursement  
 Fundraising Expense

Candidate Name

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

State: District

003  
 Category/  
 Type

Transaction ID: 0301200427E1751  
 Date of Disbursement

01 / 30 / 2004

Amount of Each Disbursement this Period

488.38

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

FUNDRAISING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

716.05

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 26 / 34

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

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. Jason Shelby

Mailing Address 6402 Birchwood Lane

City Decatur State IL Zip Code 62521-

Purpose of Disbursement  
Salary

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

001  
Category/  
Type

Transaction ID: D301200427E1740  
Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

259.05

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  
State: District

Disbursement For: Primary General Other (specify) ▼

001  
Category/  
Type

Transaction ID: D301200427E1738  
Date of Disbursement

01 / 07 / 2004

Amount of Each Disbursement this Period

37.78

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

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

C. Tom Osborne for Congress

Mailing Address PO Box 5865

City Grand Island State NE Zip Code 68803-

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

011  
Category/  
Type

Transaction ID: D301200427E1748  
Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

300.00

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

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶

596.83

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

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

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

FOR LINE NUMBER:  
 (check only one)

PAGE 27 / 34

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

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. U.S. Postmaster

Mailing Address 2001 N. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement  
 Postage

Candidate Name

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

001  
 Category/  
 Type

Transaction ID: D301200427E1737  
 Date of Disbursement

01 / 07 / 2004

Amount of Each Disbursement this Period

74.00

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

POSTAGE

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

Mailing Address 2001 N. Mattis

City Champaign State IL Zip Code 61821-

Purpose of Disbursement  
 Postage

Candidate Name

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

001  
 Category/  
 Type

Transaction ID: D301200427E1763  
 Date of Disbursement

02 / 04 / 2004

Amount of Each Disbursement this Period

185.00

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

POSTAGE

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

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
 Phone Service

Candidate Name

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

001  
 Category/  
 Type

Transaction ID: 0301200426E1721  
 Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

58.38

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

317.39

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

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

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

FOR LINE NUMBER:  
 (check only one)

PAGE 28 / 34

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

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.** 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: D301200426E1720  
 Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

178.88

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

PHONE SERVICE

Full Name (Last, First, Middle Initial)

**B.** Verizon Wireless

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
 Phone Service

Candidate Name

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

001  
 Category/  
 Type

Transaction ID: D301200426E1723  
 Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

182.55

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

PHONE SERVICE

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: D301200426E1722  
 Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

284.20

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

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

645.63

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 29 / 34

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

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. 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) ▼

Category/Type  
 001

Transaction ID: D301200426E1724  
 Date of Disbursement  
 02 / 11 / 2004

Amount of Each Disbursement this Period  
 58.38

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

PHONE SERVICE

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

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
 Phone Service

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type  
 001

Transaction ID: D301200426E1725  
 Date of Disbursement  
 02 / 18 / 2004

Amount of Each Disbursement this Period  
 180.31

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

PHONE SERVICE

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

Mailing Address PO Box 6170

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement  
 Phone Service

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type  
 001

Transaction ID: 0301200427E1729  
 Date of Disbursement  
 02 / 23 / 2004

Amount of Each Disbursement this Period  
 12.37

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

PHONE SERVICE

**SUBTOTAL** of Disbursements This Page (optional) ▶ **251.06**

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

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

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

FOR LINE NUMBER:  
 (check only one)

PAGE 30 / 34

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

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. Dan Wetmore

Mailing Address 316 E. Belle Avenue

City Rantoul State IL Zip Code 61886-

Purpose of Disbursement  
 WINE & LIQUOR FOR FUNDRAISER

Candidate Name

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

Category/  
 Type

Transaction ID: D223200421C6875IK  
 Date of Disbursement

01 / 30 / 2004

Amount of Each Disbursement this Period

239.00

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

IN KIND: WINE & LIQUOR FOR  
 FUNDRAISER

SUBTOTAL of Disbursements This Page (optional) ▶

239.00

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

17346.76

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 31 / 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Friends of Tim Johnson

Transaction ID: LS1015200017C2024

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Busey Bank	<b>Election:</b> <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	

<b>TERMS</b>	Date Incurred 01 <sup>st</sup> 24 <sup>th</sup> 2000	Date Due 20040616	Interest Rate 8.500 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------	---	----------------------	--------------------------------	---

<b>List All Endorsers or Guarantors (if any) to Loan Source</b>			
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:		

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>99274.88</b>
<b>TOTALS</b> 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 32 / 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Friends of Tim Johnson

Transaction ID: LS1015200017C2098

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Busey Bank	<b>Election:</b> <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	

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

<b>List All Endorsers or Guarantors (if any) to Loan Source</b>			
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:		

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>40000.00</b>
<b>TOTALS</b> 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 33 / 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Friends of Tim Johnson

Transaction ID: LS102020002C2771

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) First State Bank of Monticello	<b>Election:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>Mailing Address</b> 201 West Main Street PO Box 260			
<b>City</b> Monticello <b>State</b> IL <b>ZIP Code</b> 61856-			
<b>Original Amount of Loan</b> 100000.00	<b>Cumulative Payment To Date</b> 0.00	<b>Balance Outstanding at Close of This Period</b> 100000.00	

<b>TERMS</b>	<b>Date Incurred</b>	<b>Date Due</b>	<b>Interest Rate</b>	<b>Secured:</b>
	10 <sup>th</sup> 05 <sup>th</sup> 2000	20031005	7.000 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>List All Endorsers or Guarantors (if any) to Loan Source</b>			
<b>Full Name (Last, First, Middle Initial)</b> Timothy V. Johnson	<b>Name of Employer</b>		
<b>Mailing Address</b> 413 Berringer Circle	<b>Occupation</b>		
<b>City</b> Urbana <b>State</b> IL <b>ZIP Code</b> 61802-	<b>Amount Guaranteed Outstanding:</b>	100000.00	
<b>Full Name (Last, First, Middle Initial)</b>	<b>Name of Employer</b>		
<b>Mailing Address</b>	<b>Occupation</b>		
<b>City</b> <b>State</b> <b>ZIP Code</b>	<b>Amount Guaranteed Outstanding:</b>		
<b>Full Name (Last, First, Middle Initial)</b>	<b>Name of Employer</b>		
<b>Mailing Address</b>	<b>Occupation</b>		
<b>City</b> <b>State</b> <b>ZIP Code</b>	<b>Amount Guaranteed Outstanding:</b>		
<b>Full Name (Last, First, Middle Initial)</b>	<b>Name of Employer</b>		
<b>Mailing Address</b>	<b>Occupation</b>		
<b>City</b> <b>State</b> <b>ZIP Code</b>	<b>Amount Guaranteed Outstanding:</b>		

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>100000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>239274.88</b>
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)

FOR LINE NUMBER:  
(check only one)

9  
 10

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

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> First State Bank of Monticello			<b>Nature of Debt (Purpose):</b> Interest Payment	
<b>Mailing Address</b> 201 West Main Street PO Box 260				
<b>City</b> Monticello	<b>State</b> IL	<b>ZIP Code</b> 61856-		
Outstanding Balance Beginning This Period 1750.00			Transaction ID: LS1009200329E1636	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1750.00		

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	2210.38
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	2210.38
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....	▶	