

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Friends of Tim Johnson

ADDRESS (number and street) PO Box 17097

Check if different than previously reported. (ACC)

Urbana IL 61803

2. **FEC IDENTIFICATION NUMBER** C00350421

CITY STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

IL 15

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on _____ in the State of _____

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

General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 04 01 2009 through 06 30 2009

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 Brian Kelly

Signature of Treasurer Electronically Filed by Brian Kelly Date 07 15 2009

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Tim Johnson

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	29813.00	70886.54
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	29813.00	70886.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	43523.28	84237.23
(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)).....	43523.28	84237.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	103069.95	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	4951.41	

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 12/2003)

Write or Type Committee Name
Friends of Tim Johnson

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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).....

3940.00

7590.00

(ii) Unitemized.....

2873.00

4796.54

(iii) TOTAL of contributions

6813.00

12386.54

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

23000.00

58500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

29813.00

70886.54

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

4.25

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

29813.00

70890.79

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	43523.28	84237.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(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	0.00
21. OTHER DISBURSEMENTS.....	0.00	230.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	43523.28	84467.23

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	116780.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	29813.00
25. SUBTOTAL (add Line 23 and Line 24).....	146593.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43523.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	103069.95

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 29
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) AFSCME	Date of Receipt MM / DD / YYYY 06 / 29 / 2009
	Mailing Address 1625 L Street N.W.	Transaction ID: 90715.C8666
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00011114	Receipt
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) American Association for Justice PAC	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1050 31st Street, NW	Transaction ID: 90715.C8698
	City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00024521	Receipt
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00	

C.	Full Name (Last, First, Middle Initial) American Council of Engineering Co. PAC	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1015 15th Street, NW	Transaction ID: 90715.C8699
	City State Zip Code Washington DC 20005-2605	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00010868	Receipt
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) American Crystal Sugar Company PAC		Date of Receipt
	Mailing Address 101 North Third Street		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Moorhead	MN	56560
	FEC ID number of contributing federal political committee.		C C00110338
Name of Employer		Occupation	Transaction ID: 90715.C8633 Amount of Each Receipt this Period <input type="text" value="5000.00"/> Receipt
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) AOPA PAC		Date of Receipt
	Mailing Address 421 Aviation Way		<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Frederick	MD	21701
	FEC ID number of contributing federal political committee.		C C00131185
Name of Employer		Occupation	Transaction ID: 90715.C8624 Amount of Each Receipt this Period <input type="text" value="1000.00"/> Receipt
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) AOPA PAC		Date of Receipt
	Mailing Address 421 Aviation Way		<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Frederick	MD	21701
	FEC ID number of contributing federal political committee.		C C00131185
Name of Employer		Occupation	Transaction ID: 90715.C8623 Amount of Each Receipt this Period <input type="text" value="1000.00"/> Receipt
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 29
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
AT&T PAC

Mailing Address 175 E Houston, Rm 7-A-50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 06 / 19 / 2009
Transaction ID: 90715.C8636
 Amount of Each Receipt this Period: 1000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Build PAC

Mailing Address 1201 15th Street N.W.

City Washington State DC Zip Code 20005-2800

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 90715.C8700
 Amount of Each Receipt this Period: 1000.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Chicago Mercantile Exchange PAC

Mailing Address 30 S. Wacker Drive

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C** C00076299

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 06 / 19 / 2009
Transaction ID: 90715.C8634
 Amount of Each Receipt this Period: 1500.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 29
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Exelon PAC

Mailing Address PO Box 805379

City State Zip Code
Chicago IL 60680-5379

FEC ID number of contributing federal political committee. C C00141218

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 90715.C8632

Amount of Each Receipt this Period 1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Great Lakes Sugarbeet Growers PAC

Mailing Address 2600 South Euclid Ave.

City State Zip Code
Bay City MI 48706

FEC ID number of contributing federal political committee. C C00384354

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 90715.C8635

Amount of Each Receipt this Period 1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Trinity Industries Employee PAC

Mailing Address 2525 Stemmons Fwy.

City State Zip Code
Dallas TX 75207

FEC ID number of contributing federal political committee. C C00268904

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
05 / 20 / 2009

Transaction ID: 90715.C8626

Amount of Each Receipt this Period 1000.00

Receipt

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 29
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Tuesday Group PAC
Mailing Address P O Box 40385

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 05 / 20 / 2009
Transaction ID: 90715.C8627
 Amount of Each Receipt this Period: 2000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Tuesday Group PAC
Mailing Address P O Box 40385

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 06 / 29 / 2009
Transaction ID: 90715.C8668
 Amount of Each Receipt this Period: 2000.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Union Pacific Fund PAC
Mailing Address 600 13th St., NW Suite 340

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 05 / 20 / 2009
Transaction ID: 90715.C8625
 Amount of Each Receipt this Period: 1000.00
 Receipt

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 29
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
United Pilots PAC

Mailing Address 9550 W. Higgins Road

City State Zip Code
Des Plaines IL 60018

FEC ID number of contributing federal political committee. **C** C00251009

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 0 / 2 0 0 9

Transaction ID: 90715.C8628

Amount of Each Receipt this Period
1500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	23000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) John Albin		Date of Receipt
	Mailing Address PO Box 377		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Newman	IL	61942
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Longview Cap Corp		Occupation Farmer	Transaction ID: 90715.C8647
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Receipt

B.	Full Name (Last, First, Middle Initial) Richard Davidson		Date of Receipt
	Mailing Address 825 N. County Road 1275E		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Tuscola	IL	61953
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Dentist	Transaction ID: 90715.C8645
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	Receipt

C.	Full Name (Last, First, Middle Initial) Mark & Jana Hines		Date of Receipt
	Mailing Address 23236 E 100 N Road		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Downs	IL	61736-9375
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Requested Info		Occupation Requested Info	Transaction ID: 90715.C8680
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="200.00"/>
		<input type="text" value="200.00"/>	Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="950.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 29
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.

Full Name (Last, First, Middle Initial)
Chris Hinesly

Mailing Address 2916 Robeson Park Drive

City State Zip Code
Champaign IL 61822

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

Name of Employer State of Illinois Occupation State Bank Examiner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: 90715.C8671

Amount of Each Receipt this Period
200.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Patrick Kelleher

Mailing Address 130 Bannon Drive

City State Zip Code
Dwight IL 60420

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

Name of Employer Requested Info Occupation Requested Info

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: 90715.C8667

Amount of Each Receipt this Period
250.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Russel Kinzinger

Mailing Address 311 Goldenrod

City State Zip Code
Bloomington IL 61704

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

Name of Employer Home Sweet Home Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: 90715.C8631

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 29
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial)
Kay McCulloch
Mailing Address 18617 E 1500th Rd
City Paris State IL Zip Code 61944
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Farmer
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 06 / 29 / 2009
Transaction ID: 90715.C8678
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Charles McGrew
Mailing Address 457 E. Jefferson Street
City Arcola State IL Zip Code 61910
FEC ID number of contributing federal political committee. **C**
Name of Employer Douglas County Occupation Sheriff
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 06 / 19 / 2009
Transaction ID: 90715.C8648
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Richard Niemann
Mailing Address 2408 Old Orchard Road
City Quincy State IL Zip Code 62301
FEC ID number of contributing federal political committee. **C**
Name of Employer Niemann Foods Occupation Chairman
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt: 06 / 19 / 2009
Transaction ID: 90715.C8656
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 29
(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 Johnson

A. Full Name (Last, First, Middle Initial)
China Ibsen Oughton

Mailing Address 404 Old Morris Road

City State Zip Code
Dwight IL 60420-1084

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

Name of Employer retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 29 / 2009

Transaction ID: 90715.C8672

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Wilbur Pflum

Mailing Address 117 Eldorado Drive

City State Zip Code
Tuscola IL 61953-2110

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

Name of Employer retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 19 / 2009

Transaction ID: 90715.C8657

Amount of Each Receipt this Period
40.00

Receipt

C. Full Name (Last, First, Middle Initial)
Richard Sheets

Mailing Address 802 County Road 3150 North

City State Zip Code
Dewey IL 61840-9758

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

Name of Employer Self Occupation Management Consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: 90715.C8705

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **790.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Joe & Jane Smith		Date of Receipt
	Mailing Address 408 Pond Ridge Lane		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Urbana	IL	61802
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Requested Info		Occupation Requested Info	Transaction ID: 90715.C8695
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
		<input type="text" value="500.00"/>	Amount of Each Receipt this Period
			<input type="text" value="500.00"/>
			Receipt

B.	Full Name (Last, First, Middle Initial) David & Michelle Zook		Date of Receipt
	Mailing Address 3607 N. Albemarle St.		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Arlington	VA	22207
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Requested Info		Occupation Requested Info	Transaction ID: 90715.C8662
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
		<input type="text" value="250.00"/>	Amount of Each Receipt this Period
			<input type="text" value="250.00"/>
			Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3940.00"/>

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Champaign County Republican Party <hr/> Mailing Address 106 W Springfield Ave <hr/> City Champaign State IL Zip Code 61820- <hr/> Purpose of Disbursement Political Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3100 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 150.00 <hr/> POLITICAL CONTRIBUTION
B.	Full Name (Last, First, Middle Initial) Results Plus Consulting, Inc. <hr/> Mailing Address PO Box 17452 <hr/> City Urbana State IL Zip Code 61803- <hr/> Purpose of Disbursement Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3065 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> CONSULTING
C.	Full Name (Last, First, Middle Initial) Results Plus Consulting, Inc. <hr/> Mailing Address PO Box 17452 <hr/> City Urbana State IL Zip Code 61803- <hr/> Purpose of Disbursement Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3077 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶	4150.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

PAGE 17 / 29

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Results Plus Consulting, Inc. Mailing Address PO Box 17452 City Urbana State IL Zip Code 61803- Purpose of Disbursement Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3094 Date of Disbursement 06 / 01 / 2009 Amount of Each Disbursement this Period 2000.00 CONSULTING	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Results Plus Consulting, Inc. Mailing Address PO Box 17452 City Urbana State IL Zip Code 61803- Purpose of Disbursement Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3103 Date of Disbursement 06 / 16 / 2009 Amount of Each Disbursement this Period 3205.59 CONSULTING	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Tuscany Mailing Address 105 E. Southline Road City Tuscola State IL Zip Code 61953- Purpose of Disbursement Fundraising Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3090 Date of Disbursement 05 / 28 / 2009 Amount of Each Disbursement this Period 493.83 FUNDRAISING EXPENSE	007 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5699.42

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 / 29

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial) Hunan Dynasty <hr/> Mailing Address 215 Pennsylvania Avenue SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Meeting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3107 Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2009
	Amount of Each Disbursement this Period 362.05
	MEETING
	Category/Type 007
B. Full Name (Last, First, Middle Initial) Adlexx Corporation <hr/> Mailing Address PO Box 9594 <hr/> City Springfield State IL Zip Code 62791- <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3087 Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2009
	Amount of Each Disbursement this Period 434.43
	PRINTING
	Category/Type 003
C. Full Name (Last, First, Middle Initial) Adlexx Corporation <hr/> Mailing Address PO Box 9594 <hr/> City Springfield State IL Zip Code 62791- <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3110 Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2009
	Amount of Each Disbursement this Period 21221.25
	PRINTING
	Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶

22017.73

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 / 29

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.

Full Name (Last, First, Middle Initial)
AmerenIP

Transaction ID: 90715.E3084
Date of Disbursement

Mailing Address P.O. Box 511

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	9	

City Decatur State IL Zip Code 62525-

Amount of Each Disbursement this Period

Purpose of Disbursement
Utilities

001
Category/ Type

37.53

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

UTILITIES

State: District:

B.

Full Name (Last, First, Middle Initial)
AT&T

Transaction ID: 90715.E3080
Date of Disbursement

Mailing Address PO Box 105306

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	9	

City Atlanta State GA Zip Code 30348-5306

Amount of Each Disbursement this Period

Purpose of Disbursement
Phones

001
Category/ Type

363.01

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PHONES

State: District:

C.

Full Name (Last, First, Middle Initial)
AT&T

Transaction ID: 90715.E3067
Date of Disbursement

Mailing Address PO Box 105306

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	9	

City Atlanta State GA Zip Code 30348-5306

Amount of Each Disbursement this Period

Purpose of Disbursement
Phones

001
Category/ Type

570.48

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PHONES

State: District:

SUBTOTAL of Disbursements This Page (optional)

971.02

TOTAL This Period (last page this line number only)

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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 / 29

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 105306 City Atlanta State GA Zip Code 30348-5306 Purpose of Disbursement Phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3099 Date of Disbursement 06 / 08 / 2009 Amount of Each Disbursement this Period 613.34 PHONES
B.	Full Name (Last, First, Middle Initial) Busey Bank Mailing Address 201 W. Main City Urbana State IL Zip Code 61801- Purpose of Disbursement Interest Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3081 Date of Disbursement 05 / 14 / 2009 Amount of Each Disbursement this Period 72.97 INTEREST PAYMENT
C.	Full Name (Last, First, Middle Initial) Busey Bank Mailing Address 201 W. Main City Urbana State IL Zip Code 61801- Purpose of Disbursement Service fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3091 Date of Disbursement 05 / 29 / 2009 Amount of Each Disbursement this Period 2.01 SERVICE FEE

SUBTOTAL of Disbursements This Page (optional) ▶

688.32

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Busey Bank Mailing Address 201 W. Main City Urbana State IL Zip Code 61801- Purpose of Disbursement Interest Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3109 Date of Disbursement 06 / 29 / 2009 Amount of Each Disbursement this Period 51.68 INTEREST PAYMENT	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Busey Bank Mailing Address 201 W. Main City Urbana State IL Zip Code 61801- Purpose of Disbursement Service fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3112 Date of Disbursement 06 / 30 / 2009 Amount of Each Disbursement this Period 55.91 SERVICE FEES	009 Category/ Type
C.	Full Name (Last, First, Middle Initial) Ross & Susan Merkle Mailing Address 606 S. Staley Road Suite D City Champaign State IL Zip Code 61822- Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3079 Date of Disbursement 05 / 08 / 2009 Amount of Each Disbursement this Period 90.00 RENT	001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	197.59
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 22 / 29

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Ross & Susan Merkle <hr/> Mailing Address 606 S. Staley Road Suite D <hr/> City Champaign State IL Zip Code 61822- <hr/> Purpose of Disbursement Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3095 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 9	
		Amount of Each Disbursement this Period 90.00	
		RENT Category/Type: 001	
B.	Full Name (Last, First, Middle Initial) Michaels Catering <hr/> Mailing Address 720 S. Neil Street <hr/> City Champaign State IL Zip Code 61820- <hr/> Purpose of Disbursement Catering Costs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3106 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 9	
		Amount of Each Disbursement this Period 1252.99	
		CATERING COSTS Category/Type: 003	
C.	Full Name (Last, First, Middle Initial) The Catalyst Group <hr/> Mailing Address 1115 Massachusetts Avenue, NW <hr/> City Washington State DC Zip Code 20005- <hr/> Purpose of Disbursement Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3069 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 9	
		Amount of Each Disbursement this Period 2575.24	
		CONSULTING Category/Type: 001	

SUBTOTAL of Disbursements This Page (optional)	3918.23
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 29

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

<p>A.</p> <p>Full Name (Last, First, Middle Initial) The Catalyst Group</p> <p>Mailing Address 1115 Massachusetts Avenue, NW</p> <p>City Washington State DC Zip Code 20005-</p> <p>Purpose of Disbursement Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 90715.E3086</p> <p>Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>001 Category/ Type</p> <p>CONSULTING</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) The Catalyst Group</p> <p>Mailing Address 1115 Massachusetts Avenue, NW</p> <p>City Washington State DC Zip Code 20005-</p> <p>Purpose of Disbursement Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 90715.E3105</p> <p>Date of Disbursement 06 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2456.89</p> <p>001 Category/ Type</p> <p>CONSULTING</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Town and Country Advertising</p> <p>Mailing Address PO Box 5104</p> <p>City Scottsdale State AZ Zip Code 85261-</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 90715.E3085</p> <p>Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 68.00</p> <p>004 Category/ Type</p> <p>ADVERTISING</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4524.89

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 24 / 29

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) U.S. Postmaster Mailing Address 2001 N. Mattis City Champaign State IL Zip Code 61821- Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3066 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 168.00
		POSTAGE	
B.	Full Name (Last, First, Middle Initial) U.S. Postmaster Mailing Address 2001 N. Mattis City Champaign State IL Zip Code 61821- Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3097 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 9	Amount of Each Disbursement this Period 44.00
		POSTAGE	
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 6170 City Carol Stream State IL Zip Code 60197- Purpose of Disbursement Phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3074 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period 150.00
		PHONES	

SUBTOTAL of Disbursements This Page (optional)	362.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 6170 City Carol Stream State IL Zip Code 60197- Purpose of Disbursement Phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3082 Date of Disbursement 05 / 14 / 2009 Amount of Each Disbursement this Period 49.68 PHONES	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 6170 City Carol Stream State IL Zip Code 60197- Purpose of Disbursement Phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3092 Date of Disbursement 05 / 18 / 2009 Amount of Each Disbursement this Period 150.00 PHONES	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 6170 City Carol Stream State IL Zip Code 60197- Purpose of Disbursement Phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90715.E3089 Date of Disbursement 05 / 30 / 2009 Amount of Each Disbursement this Period 52.95 PHONES	001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

252.63

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

A.

Full Name (Last, First, Middle Initial)

Buffalo Wild Wings

Mailing Address 1335 Savoy Plaza Drive

City State Zip Code
Savoy IL 61874-

Purpose of Disbursement
Meeting

Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90715.E3104

Date of Disbursement

06 / 19 / 2009

Amount of Each Disbursement this Period

59.00

MEETING

SUBTOTAL of Disbursements This Page (optional)

59.00

TOTAL This Period (last page this line number only)

42840.83

SCHEDULE C (FEC Form 3)

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

PAGE 27 / 29

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LSC7050

LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary
Mailing Address 201 W. Main	
City Urbana State IL ZIP Code 61801-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	97569.08	2430.92

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="01"/> <input type="text" value="24"/> <input type="text" value="2000"/>	<input type="text" value="20080521"/>	<input type="text" value="950.00"/> % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial) Timothy V. Johnson	Name of Employer Information Requested
Mailing Address 413 Berringer Circle	Occupation Information Requested
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding: <input type="text" value="2430.92"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="2430.92"/>
TOTALS This Period (last page in this line only)	<input type="text"/>

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)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 28 / 29
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Transaction ID: LSC7052

LOAN SOURCE Full Name (Last, First, Middle Initial) Busey Bank	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary	
Mailing Address 201 W. Main		
City Urbana State IL ZIP Code 61801-		
Original Amount of Loan 40000.00	Cumulative Payment To Date 37529.58	Balance Outstanding at Close of This Period 2470.42

TERMS

Date Incurred MM DD YY YY 03 03 2000	Date Due 20080521	Interest Rate 950.00 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------------	----------------------	---------------------------------	---------------------------------------------------------------------------------

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial) Timothy Johnson	Name of Employer Information Requested
Mailing Address 413 Berringer Circle	Occupation Attorney
City Urbana State IL ZIP Code 61802-	Amount Guaranteed Outstanding: 2470.42
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	2470.42
TOTALS This Period (last page in this line only)	4901.34

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 29 / 29	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Friends of Tim Johnson

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Busey Bank			Nature of Debt (Purpose): 001 Interest Payment
Mailing Address 201 W. Main			
City Urbana	State IL	ZIP Code 61801-	

Outstanding Balance Beginning This Period		Transaction ID: LS90715.E3081	
174.72			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	124.65	50.07	

1) SUBTOTALS This Period This Page (optional).....	▶	50.07
2) TOTALS This Period (last page this line number only).....	▶	50.07
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	4901.34
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	4951.41