FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

						Of	fice Use Only
1.	NAME OF COMMITTEE (in full)	USE FEC MAIL OR TYPE OR P		Example:If typing, over the lines	type		
F	riends of Tim Johnson						
L							
AD	DDRESS (number and street)	PO Box 170	97				
	Check if different than previously reported. (ACC)	Urbana				<u>"L</u>	61803
2.	FEC IDENTIFICATION NU	MBER ₩	CITY A	l	SI	TATE	ZIP CODE A
	C00350421		3. IS THIS REPORT	NEW (N)	OR	X AMENDEI (A)	STATE V DISTRICT
4.	(a) Quarterly Reports: April 15 Quarterly		(b) 12-Day P	RE-Election Repo Primary (12P Convention (P)	General (120 Special (12S	
	July 15 Quarterly October 15 Quart		Election o	n .			in the State of
	X January 31 Year-I	End Report (YE)	(c) 30-Day P	General (300		Runoff (30R)	Special (30S)
	Termination Repo	ort (TER)	Election o	on .			in the State of
5.	Covering Period 1	1 28	2006	through	12	3 1	2006
	ertify that I have examined this pe or Print Name of Treasurer		•	dge and belief it is	true, correct an	nd complete.	
	gnature of Treasurer Electr		Brian Kelly	ay subject the pers	Dat		1 1 2 0 0 7
	Office Use Only			, 200,000 000			FEC FORM 3 (Revised 02/2003)

Image# 27960051826

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Friends of Tim Johnson м 1 1 м N 12 ° D 28 From: 2006 2006 Report Covering the Period: To: 3 1 **COLUMN A COLUMN B This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 475.00 8213.86 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 475.00 8213.86 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 11979.85 20165.54 (from Line 17)..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 11979.85 20165.54 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 84309.43 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 69447.05 Schedule C and/or Schedule D)..... For further information contact: Federal Election Commission 999 E Street, NW

Washington, DC 20463

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

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name Friends of Tim Johnson D ° D Ï 1 Ï Report Covering the Period: 28 2006 12 2006 From: To: 3 1 **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 250.00 250.00 (i) Itemized (use Schedule A)..... 225.00 4735.00 (ii) Unitemized..... (iii) TOTAL of contributions 475.00 4985.00 from individuals..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 0.00 3228.86 (such as PACS)..... 0.00 0.00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 475.00 8213.86 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 475.00 8213.86

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	11979.85	20165.54
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	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	11979.85	20165.54
III. CASH SUMM	MARY	
23. CASH ON HAND AT BEGINNING OF REPORTIN	IG PERIOD	95814.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, p	page3)	475.00
25. SUBTOTAL (add Line 23 and Line 24)		96289.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from L	Line 22)	11979.85
27. CASH ON HAND AT CLOSE OF REPORTING PE	ERIOD	84309.43

ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 5/12 SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 12 13a 13b 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 Full Name (Last, First, Middle Initial) A. Edward Rust Date of Receipt Mailing Address 16 Downing Circle 12 05 2006 City Zip Code State Transaction ID: 61205.C7339 **Bloomington** IL 61704 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Receipt Name of Employer State Farm Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) CEO Receipt For: 2008 Election Cycle-to-Date X Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	•	250.00

SCHEDULE B (FECFORIII 3)		Use seperate schedule(s) FOR LIN (check of		
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and State or commercial purposes, other than using the nar			
\rangle	NAME OF COMMITTEE (In Full) Friends of Tim Johnson			
Α.	Full Name (Last, First, Middle Initial) Aristotle Tech Support Mailing Address 205 Pennsylvania Ave		Transaction ID: 61205.E2596 Date of Disbursement	
	City Washington	State Zip Code DC 20003-		Amount of Each Disbursement this Period
	Purpose of Disbursement Software Expense Candidate Name	C	001 category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼		SOFTWARE EXPENSE
В.	Full Name (Last, First, Middle Initial) AT&T Yahoo			Transaction ID: 61205.E2595 Date of Disbursement
	Mailing Address Bill Payment Center		$\begin{bmatrix} 1 & 2 & M \\ 1 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 5 \end{bmatrix} / \begin{bmatrix} 1 & 1 & 1 \\ 2 & 0 & 0 & 6 \end{bmatrix}$	
	City Saginaw Purpose of Disbursement	State Zip Code MI 48663-0003		Amount of Each Disbursement this Period 366.62
	Phone Service Candidate Name	C	001 rategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: Senate President State: Disburs Disburs District:	sement For: Primary General Other (specify) ▼		PHONE SERVICE
Э.	Full Name (Last, First, Middle Initial) Busey Bank			Transaction ID: 70104.E2608 Date of Disbursement
	Mailing Address 201 W. Main		$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 1 & 2 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & D \\ 2 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 2 & 0 & 0 & 6 \\ & 2 & 0 & 0 & 6 \end{bmatrix}$	
	City Urbana		Amount of Each Disbursement this Period	
	Purpose of Disbursement Accured Interest Candidate Name	009 ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify)	71-1	ACCURED INTEREST
_	JBTOTAL of Disbursements This Page (optional			4208.34

S	CHEDULE B (FEC Form 3)	lise sene	rate schedule(s)	-	NUMBER:	PAGE 7/12			
ITEMIZED DISBURSEMENTS		for each category of the		(check only	-	10. 🗆 10.			
		Detailed S	Summary Page	-		19a 19b 20c 21			
An	y Information copied from such Reports and Stateme	ents may no	t be sold or used	by any person f					
or 1	for commercial purposes, other than using the name	and addres	s of any political	committee to so	licit contributions from s	uch committee			
/	NAME OF COMMITTEE (In Full)								
/	Friends of Tim Johnson								
	Full Name (Last, First, Middle Initial)				Transaction ID: 612	 205.E2591			
٦.	Devonshire Realty				Date of Disbursemen				
	Mailing Address PO Box 140				12 05	['] 2006			
		State	Zip Code		Amount of Each Disk	oursement this Period			
		IL	61824-0140			575.00			
	Purpose of Disbursement Rent			001	Refund or Dispos				
	Candidate Name	Category/ Type	Contributions Rec 11 C.F.R. 400.53	quired Under					
	Office Sought: House Disburse	ment For:		71-	RENT				
	Senate	Primary	General		NEINI				
	President State: District:	Other (spec	city) 🔻						
	Full Name (Last, First, Middle Initial)				Transaction ID: 701	04 52602			
3.	Jupiters Pizza & Billards		Date of Disbursemen	•					
	Mailing Address 39 Main Street	12 / 15	2006						
	SFINAITI Street								
	•	State IL	Zip Code 61820-		Amount of Each Disk	oursement this Period			
	Purpose of Disbursement		461.05						
	Event Expense		007	Refund or Disposal of Excess					
	Candidate Name	date Name			Contributions Red				
	Office Sought: House Disburser	ment For:		Туре					
	Senate	Primary	General		EVENT EXPENSE				
	President	Other (spec	cify) 🔻						
	State: District: Full Name (Last, First, Middle Initial)								
Э.	Brian Kelly				Transaction ID: 701 Date of Disbursemen				
		12 D D D D D D D D D D D D D D D D D D D	2006						
	Mailing Address 2404 Windward Blvd Apt #204								
		State IL	Zip Code 61821-		Amount of Each Disk	oursement this Period			
	Purpose of Disbursement		1510.79						
	Salary Candidate Name	001	Refund or Dispos Contributions Rec						
		Type							
	Office Sought: House Disburser Senate	ment For: Primary	General		SALARY				
	President	Other (spec							
	State: District:		· 						
_	UDTOTAL (CDishara and Till D. (1911)					2546.84			
5	SUBTOTAL of Disbursements This Page (optional)								

TOTAL This Period (last page this line number only)

2								
	CHEDULE B (F	•	·	Use sepe	erate schedule(s)	FOR LIN	IE NUMBER: PAGE 8 / 12	
IT	ITEMIZED DISBURSEMENTS			for each category of the Detailed Summary Page		(Crieck of	X 17	
				Detailed	Summary Fage		20a 20b 20c 21	
							n for the purpose of solicating contributions solicit contributions from such committee	
\setminus	NAME OF COMMITT							
/	Friends of Tim Joh	inson						
<u>/</u>	Full Name (Last, First.	, Middle Initial)					Transaction ID: 70104.E2601	
A.	Brian Kelly	,					Date of Disbursement	
		2404 Windward Bl 204	vd Apt	203			12 M / D B / Y 2006 Y	
	City Champaign		St IL	tate _	Zip Code 61821-		Amount of Each Disbursement this Period	
	Purpose of Disbursem Travel Reimbursemen					002	390.60	
	Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought:	Senate		Primary	General		TRAVEL REIMBURSEMENT	
	State: Dis	President		Other (spe	city)			
	Full Name (Last, First.	, Middle Initial)					Transaction ID: 70104.E2609	
В.	,					Date of Disbursement		
	Mailing Address 2404 Windward Blvd Apt 203 #204						12 M / D 2 D / Y 2 0 0 6 Y	
	City Champaign		St IL	tate	Zip Code 61821-		Amount of Each Disbursement this Period	
	Purpose of Disbursement					001	1179.00 Refund or Disposal of Excess	
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought:	House D Senate President		nent For: Primary Other (spe	General		SALARY (BONUS)	
	State: Dis	strict:		(-	- 3 / V			
C.	Full Name (Last, First, Upclose Printing	, Middle Initial)					Transaction ID: 61205.E2593 Date of Disbursement	
	Mailing Address 7					12 M / D D / Y 2006		
	City Champaign		State Zip Code L 61820-			Amount of Each Disbursement this Period		
	Purpose of Disbursement					·	439.36	
	Printing Expense Candidate Name			003 Category/ Type			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought:	House D Senate	isbursem	nent For: Primary	General	76-	PRINTING EXPENSE	
	State: Dis	President strict:		Other (spe	cify) \blacktriangledown			
s	UBTOTAL of Disburse	ements This Page (or	otional)			>	2008.96	

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3)			·	11			NUMBE	IUMBER: PAGE 9/12					
ITEMIZED DISBURSEMENTS				Use seperate schedule(s) for each category of the Detailed Summary Page			nly one)						
							X 17 20a	Н	18 20b		19a 20c		19b 21
	y Information copied from su for commercial purposes, oth												
	NAME OF COMMITTEE (II	n Full)											
$ \rangle$	Friends of Tim Johnson	1											
Α.	Full Name (Last, First, Middle Initial) Verizon Wireless								ion ID		0104.I ent	= 25	99
	Mailing Address PO Box 6170							12 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City Carol Stream		State IL	Zip Code 60197-			Amou	ınt o	f Each	n Di	isburse	men	t this Period
	Purpose of Disbursement Phone Service		IL .	00197-		004							150.00
	Candidate Name				Ca	001 ategory/ Type	c	ontri		ıs R	osal of Require 53		
		ate ident	oursement For: Primary Other (spe	General ecify) ▼			PHONE SERVICE						
	State: District:												
В.	Full Name (Last, First, Middle Initial) Verizon Wireless						Transaction ID: 70104.E2606 Date of Disbursement						
	Mailing Address PO Box 6170						1 1 2 9 7 2 9 7 2 0 0 6 Y					006	
	City State Zip Code Carol Stream IL 60197-						Amount of Each Disbursement this Period					t this Period	
	Purpose of Disbursement Phone Service					001	Refund or Disposal of Excess						
	Candidate Name			ategory/ Type	Contributions Required Under 11 C.F.R. 400.53					der			
	Office Sought: House Sens		oursement For: Primary Other (spe	General			PHONE SERVICE						
	State: District:	I		3 / ∀									
C.	Full Name (Last, First, Middle Initial) Winfrey and Company					Transaction ID: 61205.E2590 Date of Disbursement					90		
	Mailing Address 228 South Washington Suite B-200						12 M / 05 / Y 2006				006		
	City Alexandria		State VA	Zip Code 22314-			Amou	ınt o	f Each	n Di	isburse		t this Period
	Purpose of Disbursement						L.					-	2500.00
	Fundraising Expense Candidate Name					003 ategory/ Type	c	ontri		ıs R	osal of Require 53		
	Office Sought: House Disbursement For: Senate Primary General					-1	FUNE	DRA	ISIN	G E	EXPE	NSE	<u> </u>
	State: Pres	ident	Other (spe	ecify) 🔻									
s	UBTOTAL of Disbursements	s This Page (optic	nal)			•						2	823.81

11587.95

TOTAL This Period (last page this line number only)

SCHEDULE C (FEC Form 3)

PAGE 10 / 12

LOANS	Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) X 13a 13b
NAME OF COMMITTEE (In Full) Friends of Tim Johnson	Transaction ID: \$60931 C7050
LOAN SOURCE Full Name (Last, First, Middle Initial)	Transaction ID: LS60831.C7050 Election:
Busey Bank	Primary General
Mailing Address 201 W. Main	X Other (specify) ▼ Primary
City Urbana State IL ZIP	Code 61801-
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
100000.00	70725.12 29274.88
TERMS Date Incurred Date Due	Interest Rate Secured:
0 1 D D 2 4 D 2 0 0 0 20070521	10.25 % (apr) X Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial) Timothy V. Johnson	Name of Employer
Mailing Address 413 Berringer Circle	Occupation
City State ZIP Code Urbana IL 61802-	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	29274.88
TOTALS This Period (last page in this line only)	•

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

SCHEDULE C (FEC Form 3) LOANS

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

PAGE 11 / 12

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

	Detailed Summary Page	(Check only one)								
NAME OF COMMITTEE (In Full)		1 1.00								
Friends of Tim Johnson										
LOAN COURGE F. II Nove (Lost First Affellio 1-27-1)		action ID: LS60831.C7052								
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election: Primary								
Busey Bank		General								
Mailing Address 201 W. Main		X Other (specify) ▼								
	Primary									
City Urbana State IL ZIP Code	61801-	0 (Ti. D								
Original Amount of Loan Cumulative Payment To Da	ate Balance	Balance Outstanding at Close of This Period								
40000.00	0.00	40000.00								
TERMS Date Incurred Date Due	Interest Ra	ate Secured:								
0 3 D D 2 0 0 0 20070521	-	10.25 % (apr) X Yes No								
List All Endorsers or Guarantors (if any) to Loan Source										
	Name of Employer									
Mailing Address	Occupation									
	Attorney									
	Amount Guaranteed	40000.00								
5.ty = 5545	Outstanding:	4000.00								
Full Name (Last, First, Middle Initial)	Name of Employer Occupation									
Mailing Address										
	Amount									
	Guaranteed Outstanding:									
Full Name (Last, First, Middle Initial)	Name of Employer									
Mailing Address	Occupation									
	Amount									
City Citato En Codo	Guaranteed Outstanding:									
	Name of Employer									
Mailing Address	Occupation									
	Amount									
City State ZIP Code	Guaranteed Outstanding:									
SUBTOTALS This Period This Page (optional)	<u>+</u>	40000.00								
TOTALS This Period (last page in this line only)		69274.88								
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedu	ule D. carry forward to appro	opraite line of Summary								

PAGE 12 / 12 SCHEDULE D (FEC Form 3) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each numbered line) (check only one) 9 X 10 **Excluding Loans** NAME OF COMMITTEE (In Full) Friends of Tim Johnson A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Busey Bank 009 Accured Interest Mailing Address 201 W. Main ZIP Code City State Urbana IL 61801-Outstanding Balance Beginning This Period Transaction ID: LS70104.E2608 103.89 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 660.00 591.72 172.17 172.17 1) SUBTOTALS This Period This Page (optional).....

172.17

2) TOTALS This Period (last page this line number only).....

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)