

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

(Summary Page)

1 / 60
10/16/2000 01 : 12

1. NAME OF COMMITTEE (in full) Friends of Tim Johnson		2. FEC IDENTIFICATION NUMBER C00350421
ADDRESS (number and street) 905 S. Neil 905 S. Neil	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE Champaign IL 61820-	STATE / DISTRICT IL / 15	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- | | |
|--|---|
| <input type="checkbox"/> April 15 Quarterly Report

<input type="checkbox"/> July 15 Quarterly Report

<input checked="" type="checkbox"/> October 15 Quarterly Report

<input type="checkbox"/> January 31 Year End Report

<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Twelfth day report preceding _____
<small>(election type)</small>
election on _____ in the State of _____

<input type="checkbox"/> Thirtieth day report following the General Election

on _____ in the State of _____

<input type="checkbox"/> Termination report |
|--|---|

This report contains activity for:
 Primary election
 General election
 Runoff election
 Special election

SUMMARY

5. Covering period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
07/01/2000 through 09/30/2000		
6. Net contributions (other than loans)		
(a) Total Contributions (other than loans) (from line 11(a))	286287.00	691552.98
(b) Total Contribution Refunds (from line 20(d))	3025.00	3025.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	283262.00	688527.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from line 17)	336478.84	888258.84
(b) Total Offsets to Operating Expenditures (from line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	336478.84	888258.84
8. Cash on Hand at Close of Reporting Period (from line 27)	79580.22	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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)	257170.70	

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

Electronically Filed by Jim Bray

Signature of Treasurer

Date

10/16/2000

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE
of Receipts and Disbursements
(Page 2, FEG Form 3)

Name of Committee (In Full) Friends of Tim Johnson	Report Covering the Period From: 07/01/2000 To: 09/30/2000	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	149054.00	
(ii) Unitemized	38813.00	
(iii) Total of contributions from individuals	187867.00	404295.00
(b) Political Party Committees	10700.00	15930.00
(c) Other Political Committees (such as PACs)	97720.00	271327.98
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	286287.00	691552.98
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	240000.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b))	0.00	240000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	296287.00	931552.98
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	336478.84	888258.84
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 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	3025.00	3025.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	3025.00	3025.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	339503.84	891283.84
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		122797.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		296287.00
25. SUBTOTAL (add Line 23 and Line 24)		419084.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		339503.84
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		79580.22

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 60
			FOR LINE NUMBER 11A1

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, Mailing Address, and ZIP Code Charles Bacous 501 North Tamula P.O. Box 797 Mahomet IL 61853-	Name of Employer State of Illinois	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 350.00
	Occupation Management		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 450.00		
Full Name, Mailing Address, and ZIP Code Dan Walsh 2067 County Road 1250 North Saint Joseph IL 61873-	Name of Employer Johnson, Frank, Frederick & Wa	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 1000.00
	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Brian Silverman 2308 Noel Drive Champaign IL 61821-	Name of Employer Self-employed	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 1000.00
	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Ehud Yairi 100 East McHenry Urbana IL 61801-	Name of Employer University of Illinois	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 250.00
	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Tom Hagle 3831 Blanchan Avenue Brockfield IL 60513-	Name of Employer Lyons Township High School, La	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Office Assistant		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 450.00		
Full Name, Mailing Address, and ZIP Code Reider Watson 1702 County Road 200 North Villa Grove IL 61956-	Name of Employer Self-employed	Date (month, day, year) 07/25/2000	Amount of Each Receipt this Period 500.00
	Occupation Farmer		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Berl Leach 104 Greencroft Champaign IL 61821-	Name of Employer Central Finance	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 100.00
	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		4 / 60
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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, Mailing Address, and ZIP Code Bert Leach 104 Greencroft Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Central Finance Occupation Owner Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Bill Olson 112 Tamarisk Drive Springfield IL 62704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Associated Beer Distributors Occupation Information Requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Gary Maher 2400 East Devon Avenue Des Plaines IL 60018- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Cable Television & Communications Occupation Company president Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/18/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Hugh Gallivan PO Box 848 Urbana IL 61803- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer University Construction Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Jim Hagle 713 South Elm Blvd. Champaign IL 61820-5851 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Johnson, Frank, Frederick & Wa Occupation Attorney Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Lloyd Murphy 715 Lakeshore Drive Tuscola IL 61955- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Tuscola National Bank Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Jim Kleiss 505 S Niles Tuscola IL 61953-1963 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Edward Jones Occupation Investment Banker Aggregate Year-to-Date > \$ 550.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 200.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 60
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Bob Welts 1009 W University Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Stipes Publishing Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 500.00
	Occupation Owner Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Lin Warfel 561 County Road 0900 E Tolono IL 61880-9709 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 100.00
	Occupation Farmer Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Don Gordon 3 Sycamore Clinton IL 61727- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 25.00
	Occupation Physician Aggregate Year-to-Date > \$ 225.00	
Full Name, Mailing Address, and ZIP Code Don Gordon 3 Sycamore Clinton IL 61727- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician Aggregate Year-to-Date > \$ 475.00	
Full Name, Mailing Address, and ZIP Code Carl Lund 6 Waters Edge Paris IL 61344- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 1000.00
	Occupation Retired Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code John Hirschfeld 1718 Lakeside Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Date (month, day, year) 07/14/2000	Amount of Each Receipt this Period 1000.00
	Occupation Attorney Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code Jim Gellivan 1110 South Prospect Avenue Champaign IL 61820- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation Retired Aggregate Year-to-Date > \$ 2000.00	
SUBTOTALS of Receipts This Page (Optional)		
TOTALS This Period (last page this line number only)		

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 60
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Shahid Khan 1102 Wilshire Court Champaign IL 61821-	Name of Employer Flex N Gate Corp. Occupation Owner	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Shahid Khan 1102 Wilshire Court Champaign IL 61821-	Name of Employer Flex N Gate Corp. Occupation Owner	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code Bud Leister 1808 Bentbrook Drive Champaign IL 61821-	Name of Employer Carter's Moving and Storage Occupation Information Requested	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Dave Seller 2914 Valley Brook Drive Champaign IL 61821-	Name of Employer Information Requested Occupation Accountant	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Russ Stewart 612 West Vermont Urbana IL 61801-	Name of Employer TRI Star Marketing Occupation Vice President	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Jon Stewart 1301 E Washington Urbana IL 61802-	Name of Employer TRI Star Marketing Occupation Information Requested	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Jeff Wampler 1102 South Prospect Avenue Champaign IL 61821-	Name of Employer Erwin, Martinkus & Cole Occupation Attorney	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 750.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Sam Erwin 2117 Bristol Road Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Erwin, Martinus & Cole Occupation Attorney Aggregate Year-to-Date > \$ 610.00	Date (month, day, year) 08/26/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Dennis Andersh 4308 Curtis Meadow Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer SAIC Occupation Executive Manager Aggregate Year-to-Date > \$ 2250.00	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Allen Everette 4008 Riverknoll Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Orange & Blue Distributing Occupation Owner Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Rod Van Buskirk 511 Stonecrest Drive Savoy IL 61874- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Bacon & Van Buskirk Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/21/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Scott Reichard 107 Meadow Drive Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation CPA Aggregate Year-to-Date > \$ 1250.00	Date (month, day, year) 08/19/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Ruth Gordon 1421 County Road 2500 North Rantoul IL 61866- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 08/11/2000	Amount of Each Receipt this Period 50.00
Full Name, Mailing Address, and ZIP Code Ruth Gordon 1421 County Road 2800 North Rantoul IL 61866- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 08/06/2000	Amount of Each Receipt this Period 250.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	8 / 60
				FOR LINE NUMBER	11A1
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson					
Full Name, Mailing Address, and ZIP Code Warren Pacey 312 South Cherry PO Box 55 Paxton IL 60957-0035	Name of Employer Information Requested Occupation Retired	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 200.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00				
Full Name, Mailing Address, and ZIP Code Bruce Hannon 1208 West Union Champaign IL 61821-	Name of Employer Information Requested Occupation Professor	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00				
Full Name, Mailing Address, and ZIP Code Bruce Hannon 1208 West Union Champaign IL 61821-	Name of Employer Information Requested Occupation Professor	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 350.00				
Full Name, Mailing Address, and ZIP Code Murray Wise 1804D Lyndhurst Drive Savoy IL 61874-	Name of Employer Westchester Group Occupation Company president	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 500.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00				
Full Name, Mailing Address, and ZIP Code John Leon 112 North Oak, # 200 Villa Grove IL 61956-	Name of Employer Self-employed Occupation Optometrist	Date (month, day, year) 07/16/2000	Amount of Each Receipt this Period 300.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00				
Full Name, Mailing Address, and ZIP Code John Goodvina 2201 Valley Brook Drive PO Box 1673 Champaign IL 61824-1673	Name of Employer State of Illinois Occupation Attorney	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 1000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1500.00				
Full Name, Mailing Address, and ZIP Code John Goodvina 2201 Valley Brook Drive PO Box 1673 Champaign IL 61824-1673	Name of Employer State of Illinois Occupation Attorney	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 2000.00				
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	9 / 60
				FOR LINE NUMBER 11A1	
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson					
Full Name, Mailing Address, and ZIP Code Ed Shiels P.O. Box 2988 Champaign IL 61821-	Name of Employer Information Requested	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 75.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Accountant	Aggregate Year-to-Date > \$ 75.00			
Full Name, Mailing Address, and ZIP Code Ed Shiels P.O. Box 2988 Champaign IL 61821-	Name of Employer Information Requested	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Accountant	Aggregate Year-to-Date > \$ 175.00			
Full Name, Mailing Address, and ZIP Code Ed Shiels P.O. Box 2988 Champaign IL 61821-	Name of Employer Information Requested	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 375.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Accountant	Aggregate Year-to-Date > \$ 550.00			
Full Name, Mailing Address, and ZIP Code Art Tyler 1007 North Oakwood Mahomet IL 61853-	Name of Employer Information Requested	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 500.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Retired	Aggregate Year-to-Date > \$ 610.00			
Full Name, Mailing Address, and ZIP Code Art Tyler 1007 North Oakwood Mahomet IL 61853-	Name of Employer Information Requested	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 200.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Retired	Aggregate Year-to-Date > \$ 810.00			
Full Name, Mailing Address, and ZIP Code Ray Moss R.R. 2, Box 47 Clinton IL 61727-	Name of Employer Ray Moss and Associates	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 200.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code Ray Moss R.R. 2, Box 47 Clinton IL 61727-	Name of Employer Ray Moss and Associates	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 400.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		10 / 60
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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, Mailing Address, and ZIP Code Tom Prickett 513 East G. H. Baker Drive Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed Occupation Consultant Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Dan Baechle 1615 Robert Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State of Illinois Occupation Attorney Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 07/16/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Peter Tracy 2016 Bentbrook Dr. Champaign IL 61821-9204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Champaign County Mental Health Occupation Administration Aggregate Year-to-Date > \$ 480.00	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Alvin Bray 606 West Illinois Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Alvin Bray 606 West Illinois Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Tom Maudlin 1302 East 500 North Road Cissna Park IL 60924- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Hoopeston Cissna Park Veterinary Occupation Veterinarian Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Robert Brunner 4001 East Washington Urbana IL 61802- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 500.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		11 / 60
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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, Mailing Address, and ZIP Code Robert Brunner 4001 East Washington Urbana IL 61802- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 1500.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Grant Conibear 220 North Sangamon Avenue Gibson City IL 60936- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self employed Occupation Pharmacist Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code Paul Smith 2205 Boudreau Circle Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Smith Rentals Occupation Owner Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 08/19/2000	Amount of Each Receipt this Period 300.00	
Full Name, Mailing Address, and ZIP Code Alex Calvert 201 South Center Clinton IL 61727- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Calvert Funeral Homes Occupation Owner Aggregate Year-to-Date > \$ 1400.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code David Philippe 918 West Park Avenue Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HDC Occupation Land Surveyor Aggregate Year-to-Date > \$ 170.00	Date (month, day, year) 08/21/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code David Philippe 918 West Park Avenue Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HDC Occupation Land Surveyor Aggregate Year-to-Date > \$ 270.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Ted Rund P.O. Box 476 Tuscola IL 61953- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 250.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	12 / 60
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Jim Upchurch 308 Wabash Avenue Mattoon IL 61938- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Upchurch & Associates	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 1000.00
	Occupation Civil Engineer		
	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code Robert Parker 3212 Valleybrook Drive Champaign IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Carle Clinic	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 500.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Bill McCarty 205 East Scott Tuscola IL 61953- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 200.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 230.00		
Full Name, Mailing Address, and ZIP Code Richard Lord 701 Devonshire Drive Champaign IL 61820- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 500.00
	Occupation Dentist		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Wilbur Pflum 104 East Van Allen Tuscola IL 61953- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 07/14/2000	Amount of Each Receipt this Period 500.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Wilbur Pflum 104 East Van Allen Tuscola IL 61953- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 200.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 700.00		
Full Name, Mailing Address, and ZIP Code John Coffey 3108 Wisteria Lane Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State Farm	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 1000.00
	Occupation Management		
	Aggregate Year-to-Date > \$ 1000.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	13 / 60
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code L. F. Weich 2201 Vawter Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Date (month, day, year) 08/02/2000 Amount of Each Receipt this Period 100.00
	Occupation Retired Aggregate Year-to-Date > \$ 200.00
Full Name, Mailing Address, and ZIP Code L. F. Weich 2201 Vawter Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Date (month, day, year) 09/16/2000 Amount of Each Receipt this Period 40.00
	Occupation Retired Aggregate Year-to-Date > \$ 240.00
Full Name, Mailing Address, and ZIP Code Harry Clem P.O. Box 25 Urbana IL 61803-0025 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Champaign County Date (month, day, year) 08/02/2000 Amount of Each Receipt this Period 50.00
	Occupation Circuit Judge Aggregate Year-to-Date > \$ 250.00
Full Name, Mailing Address, and ZIP Code Dennis Wandell 1167 County Road 2400 East Saint Joseph IL 61873- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Wandell's Nursery Date (month, day, year) 09/05/2000 Amount of Each Receipt this Period 125.00
	Occupation Owner Aggregate Year-to-Date > \$ 275.00
Full Name, Mailing Address, and ZIP Code Frank Middleton 3004 Valleybrook Drive Champaign IL 61822-6114 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed Date (month, day, year) 09/26/2000 Amount of Each Receipt this Period 100.00
	Occupation Attorney Aggregate Year-to-Date > \$ 300.00
Full Name, Mailing Address, and ZIP Code Kurt Froehlich 44 Main Street, Room 310 Champaign IL 61820- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Kurt P. Froehlich Ltd. Date (month, day, year) 07/14/2000 Amount of Each Receipt this Period 149.00
	Occupation Attorney Aggregate Year-to-Date > \$ 298.00
Full Name, Mailing Address, and ZIP Code John Potts 5508 Arrowwood Lane Rolling Meadows IL 60008- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Ronan & Potts Date (month, day, year) 08/17/2000 Amount of Each Receipt this Period 1000.00
	Occupation Consultant Aggregate Year-to-Date > \$ 2000.00
SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	14 / 60
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Bruce Ratcliffe 1200 West Union Street Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 100.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 310.00		
Full Name, Mailing Address, and ZIP Code John Branz 198 Jeanette Street PO Box 575 Herscher IL 60941- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Kankakee Federal	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 100.00
	Occupation Branch Manager		
	Aggregate Year-to-Date > \$ 150.00		
Full Name, Mailing Address, and ZIP Code John Branz 198 Jeanette Street PO Box 575 Herscher IL 60941- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Kankakee Federal	Date (month, day, year) 09/16/2000	Amount of Each Receipt this Period 100.00
	Occupation Branch Manager		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code John Branz 198 Jeanette Street PO Box 575 Herscher IL 60941- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Kankakee Federal	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 50.00
	Occupation Branch Manager		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Fred Green 1806 Pleasant Street Urbana IL 61801- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 250.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 510.00		
Full Name, Mailing Address, and ZIP Code Joseph Fisher 2006 Bentbrock Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Orange & Blue Distributing	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 250.00
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ralph Stipes 3204 Sharon Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Orange & Blue Distributing	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 250.00
	Occupation District Sales Manager		
	Aggregate Year-to-Date > \$ 500.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	15 / 60
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code A. Matthew Everette 2050 Blackthorn Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Orange & Blue Distributing	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 250.00
	Occupation Controller	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Terry Holleman 1524 Harrington Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Orange & Blue Distributing	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 250.00
	Occupation Compliance Manager	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Shawn Foley 2100 Belmont Park Lane Champaign IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Orange & Blue Distributing	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 250.00
	Occupation Impact Account Manager	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code David Purgett 1803 Bentbrook Drive Champaign IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Orange & Blue Distributing	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 250.00
	Occupation General Manager	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code J.D. Lynch 339 East Mulberry Street Watseka IL 60970- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Iroquois Paving	Date (month, day, year) 07/18/2000	Amount of Each Receipt this Period 500.00
	Occupation Road Contractor	Aggregate Year-to-Date > \$ 1500.00	
Full Name, Mailing Address, and ZIP Code J.D. Lynch 339 East Mulberry Street Watseka IL 60970- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Iroquois Paving	Date (month, day, year) 08/11/2000	Amount of Each Receipt this Period 250.00
	Occupation Road Contractor	Aggregate Year-to-Date > \$ 1750.00	
Full Name, Mailing Address, and ZIP Code Larry Frang 4524 Santa Clara Drive Springfield IL 62707- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Illinois Municipal League	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 250.00
	Occupation Executive	Aggregate Year-to-Date > \$ 450.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		16 / 60
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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, Mailing Address, and ZIP Code Jane Walsh 2067 County Road 1250 North Saint Joseph IL 61873-9715 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Homemaker Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Bruce J. Burton 414 East Washington Hoopston IL 60942- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Bruce J. Burton 414 East Washington Hoopston IL 60942- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 40.00	
Full Name, Mailing Address, and ZIP Code Gerald Rodeen P.O. Box 48 Paxton IL 60957- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code Robert S. Hinton 3221 County Road 200 East Fossiland IL 61845- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code Zelema Harris 7 Briar Hill Circle Champaign IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Parkland College Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 400.00	
Full Name, Mailing Address, and ZIP Code Zelema Harris 7 Briar Hill Circle Champaign IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Parkland College Occupation President Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 100.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	17 / 60
				FOR LINE NUMBER	11A1
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, Mailing Address, and ZIP Code Zelena Harris 7 Briar Hill Circle Champaign IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Parkland College Occupation President Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 200.00		
Full Name, Mailing Address, and ZIP Code Gene Larnery 208 West Curtis Road Savoy IL 61874- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 598.00	Date (month, day, year) 09/16/2000	Amount of Each Receipt this Period 200.00		
Full Name, Mailing Address, and ZIP Code L. Scott Cook 2314 County Road 1150 North Sidney IL 61877- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Carta Clinic Occupation Physician Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code Charles Adams 21 Saint Andrews Mattoon IL 61838- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Howell Asphalt Occupation Road Contractor Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 07/18/2000	Amount of Each Receipt this Period 1000.00		
Full Name, Mailing Address, and ZIP Code W. Michael McCreery P.O. Box 127 Mason City IL 62804- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Lobbyist Aggregate Year-to-Date > \$ 650.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code Anna Wall Scott 309 West Michigan Urbana IL 61801- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Parkland College Occupation Professor Aggregate Year-to-Date > \$ 550.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code Ernest Bartholomew 815 East Washington Arthur IL 61911- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 08/19/2000	Amount of Each Receipt this Period 200.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	18 / 60
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Camilo Bartle R. R. 2, Box 45 Clinton IL 61727-	Name of Employer Information Requested	Date (month, day, year) 08/30/2000	Amount of Each Receipt this Period 150.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Martha Melman 20 Locust Road Winnetka IL 60095-	Name of Employer Information Requested	Date (month, day, year) 08/21/2000	Amount of Each Receipt this Period 1000.00
	Occupation Homemaker		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 2000.00			
Full Name, Mailing Address, and ZIP Code Betty Stewart 1004 Galen Drive Champaign IL 61821-	Name of Employer Information Requested	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 100.00
	Occupation Retired		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 800.00			
Full Name, Mailing Address, and ZIP Code Steve Ayers 32 FootNII Rd. Monticello IL 61856-	Name of Employer Information Requested	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 500.00
	Occupation Farmer		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Joseph Cowan 8 Blackberry Ct. Watseka IL 60970-	Name of Employer Information Requested	Date (month, day, year) 07/18/2000	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Edwin Pool 11703 IL Hwy. 1 Paris IL 61944-8309	Name of Employer Information Requested	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 1000.00
	Occupation Retailer		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Roger Huddleston 1102 Beaver Creek Ln. Mahomet IL 61853-	Name of Employer Huddleston Homes	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 500.00
	Occupation Owner		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	19 / 60
			FOR LINE NUMBER 11A1

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, Mailing Address, and ZIP Code Robert Lee 999 Country Rd. 2500 E Homer IL 61840-9731 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 250.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Stanley Ommen 2211 Foxtail Rd Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 250.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Chris Patrick 5566 N 1175th St. Paris IL 61944- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 07/21/2000	Amount of Each Receipt this Period 250.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Chris Patrick 5566 N 1175th St. Paris IL 61944- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 750.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Robert Reardon 4 Northrest Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/17/2000	Amount of Each Receipt this Period 150.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 650.00		
Full Name, Mailing Address, and ZIP Code T. Alan Russell 8 Waters Edge Dr. Paris IL 61944- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 350.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code T. Alan Russell 8 Waters Edge Dr. Paris IL 61944- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 650.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 1000.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	20 / 60
			FOR LINE NUMBER 11A1

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, Mailing Address, and ZIP Code Ron Steldinger 122 Walnut Forrest IL 61741- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Forrest Redi-Mix, Inc.	Date (month, day, year) 07/18/2000	Amount of Each Receipt this Period 150.00
	Occupation Owner		
	Aggregate Year-to-Date > \$ 450.00		
Full Name, Mailing Address, and ZIP Code Michael Henneman 1001 Wilshire Court Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Henneman Raufeisen	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 500.00
	Occupation Architect		
	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code Robert Runck 701 N. Main Saint Joseph IL 61873- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 100.00
	Occupation Day Care Provider		
	Aggregate Year-to-Date > \$ 800.00		
Full Name, Mailing Address, and ZIP Code Thomas Heriz 109 Robinwood Dr. Paris IL 61844- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Enerstar	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Joseph Somersel 425 Main Street Franklin IL 62836- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 07/18/2000	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Linda Stockton 19 Brompton Court Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State Farm	Date (month, day, year) 06/10/2000	Amount of Each Receipt this Period 400.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Leonard Tobey 507 Pilot Drive Herscher IL 60941- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Tobey Construction	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1500.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		21 / 60
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11A1	
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, Mailing Address, and ZIP Code King Sutton E 600 Court Street Paris IL 61944-	Name of Employer Sutton & Sons Funeral Homes Occupation Funeral Director Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code King Sutton E 600 Court Street Paris IL 61944-	Name of Employer Sutton & Sons Funeral Homes Occupation Funeral Director Aggregate Year-to-Date > \$ 1500.00	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Thomas Harrington P.O. Box 140 Champaign IL 61826-	Name of Employer Information Requested Occupation Real Estate Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Richard Painter 1001 S. Douglas Urbana IL 61801-	Name of Employer University of Illinois Occupation Law Professor Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 750.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code John Blair 4 Waters Edge Paris IL 61944-	Name of Employer Information Requested Occupation Construction Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Craig Burkhardt 1635 Ruth Place Springfield IL 62704-	Name of Employer Sorling, Northrup, Hanna Occupation Attorney Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
Full Name, Mailing Address, and ZIP Code Warren Huddleston P.O. Box 3759 Champaign IL 61826-	Name of Employer Midland Corp. Occupation Executive Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/14/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :				
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	22 / 60
			FOR LINE NUMBER 11A1

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, Mailing Address, and ZIP Code Robert Bonifas 1100 Church Road Aurora IL 60505- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Alarm Detection Systems Occupation Information Requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Robert Bonifas 1100 Church Road Aurora IL 60505- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Alarm Detection Systems Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Dennis Hopkins 2 Kings Turn Bourbonnais IL 60914-1623 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State of Illinois Occupation psychologist Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Richard Burwash 401 Burwash Avenue Apt. 317 Savoy IL 61874- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed Occupation Farmer Aggregate Year-to-Date > \$ 549.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code William Libman 818 Dockds Drive Champaign IL 61820- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Libman Properties Occupation Partner Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Ward McDonald 69 County Rd. 2000 N. Mahomet IL 61855- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/16/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Riley McCulley 2354 Country Road 1100 E Box B Champaign IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Requested Info Occupation Information Requested Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 500.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		23 / 60
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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, Mailing Address, and ZIP Code Dean Stewart 1004 Galen Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Jon Stewart 607 La Sell Drive Champaign IL 61820- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer TRI Star Occupation Executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Kip Pope P.O. Box 746 Champaign IL 61824-0746 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer C & U Poster Advertising Co. Occupation Owner Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code E.J. Hynds 609 South James Street Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer English Brothers Co. Occupation Engineer/CEO Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code E.J. Hynds 609 South James Street Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer English Brothers Co. Occupation Engineer/CEO Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code Randy Patchett Rt. 1, P.O. Box 780 Marion IL 62959- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/07/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code Nicole Storch 2211 North Barkar Road Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 50.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	24 / 60
			FOR LINE NUMBER 11A1

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, Mailing Address, and ZIP Code Joe Saban P.O. Box 1432 Champaign IL 61824- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Modern Electric Occupation Information Requested Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Louis Due 3105 Clayton Road Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer EPA Occupation Laboratory technician Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Russel Kinzinger 311 Goldenrod Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Home Sweet Home Occupation CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Janette Egbers 38 Country Club Place Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Commercial Packaging Occupation Owner Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Catherine Wellman 2003 Castle Avenue Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Physician Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 400.00
Full Name, Mailing Address, and ZIP Code Julia Burggraf 2511 Driftwood Road Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Bill Johnston 2200 Foxtail Road Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Johnston Contractors Occupation Information Requested Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 400.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	25 / 60
				FOR LINE NUMBER 11A1	
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, Mailing Address, and ZIP Code Kristen Harrington 1501 Waterford Place Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Doddsen Travel Occupation Travel Agent Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 1000.00		
Full Name, Mailing Address, and ZIP Code Jeffery Jones RR 1, 60 Wesley Downs IL 61736- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Dentist Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 1000.00		
Full Name, Mailing Address, and ZIP Code Jerry Gibbs 113 S. Lovaridge Lane Watseka IL 60970- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Big R Stores Occupation Retail Sales Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 400.00		
Full Name, Mailing Address, and ZIP Code Edward Rust 18 Downing Circle Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State Farm Occupation CEO Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 1000.00		
Full Name, Mailing Address, and ZIP Code Aimee Beam 202 Imperial Drive Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Fieflander Industries Occupation Information Requested Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 400.00		
Full Name, Mailing Address, and ZIP Code Ivey Weaver 102 Parkview Drive Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Realtor Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code Thomas Coady 14 Meridian Terrace Paxton IL 60957- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Hicks Gas Occupation Executive Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 1000.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	26 / 60
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Ralph Endress 308 S. Main Normal IL 61761- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 250.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code David Albin PO Box 200 Newman IL 61942- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 500.00
	Occupation Farmer Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code John W. Parrott 3316 Monterey Road Bloomington IL 61704-2920 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Parrott & Associates Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code Janina Rybicki 1002 Twin Lake Road Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer IL State Rifle Association Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 400.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 400.00	
Full Name, Mailing Address, and ZIP Code Dorothy Collins 503 McGee Road Urbana IL 61802- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 400.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 400.00	
Full Name, Mailing Address, and ZIP Code Dorothy Collins 503 McGee Road Urbana IL 61802- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 100.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Thomas Ocheltrae 9 Tami Court Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 400.00
	Occupation Physician Aggregate Year-to-Date > \$ 400.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	27 / 60
			FOR LINE NUMBER 11A1

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, Mailing Address, and ZIP Code Thomas Ocheltree 9 Tami Court Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 08/26/2000	Amount of Each Receipt this Period 500.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Thomas Nielsen 2601 Blamey Stone Lane Bloomington IL 61704-8452 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 1000.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code William Kuhne 907 S. McKinley Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Petry Kuhne	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code J.W. Lane PO Box 78 Chenoa IL 61726- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Midwest Inc.	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Jeanette Pope 1704 Brighton Court Champaign IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 250.00
	Occupation Homemaker		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code William Froelich PO Box 100 Gridley IL 61744- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Holy Novak 56 Country Club Place Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 500.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 500.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		28 / 60
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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, Mailing Address, and ZIP Code Edmund Ligman 2 Brompton Court Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Physician Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 400.00	
Full Name, Mailing Address, and ZIP Code John Albin PO Box 377 Newman IL 61942- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Farmer Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Marjorie Albin PO Box 377 Newman IL 61942- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Farmer Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Leonard Rich 25600 Sunset Lane Hudson IL 61748- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Retired Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Michael Lynch 100 S. Fourth Street Box 303 Watseka IL 60970- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Insurance Broker Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code W.A. Matheson 1404 E. Washington Street Bloomington IL 61701-4231 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/25/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Robert Doolay 3004 G.E. Road Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested A.G.Edwards Investor Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/21/2000	Amount of Each Receipt this Period 750.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	29 / 60
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Robert Dooley 3004 G.E. Road Bloomington IL 61704- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer A.G.Edwards	Date (month, day, year) 07/21/2000	Amount of Each Receipt this Period 450.00
	Occupation Investor		
	Aggregate Year-to-Date > \$ 1450.00		
Full Name, Mailing Address, and ZIP Code Connie Nord 16 Country Club Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 07/21/2000	Amount of Each Receipt this Period 1000.00
	Occupation Homemaker		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Michael Davidson 2114 Hackenberry Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State Farm	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Edward Vogelsinger 1314 Crown Court Bloomington IL 61704-8000 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 250.00
	Occupation Banker		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Edward Vogelsinger 1314 Crown Court Bloomington IL 61704-8000 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 150.00
	Occupation Banker		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Keith Kattner 115 S. Belmont Road Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/04/2000	Amount of Each Receipt this Period 1000.00
	Occupation Surgeon		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Ralph Klopfenstein 612 Fairway Drive, #6 Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 400.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 400.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		30 / 60
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) Friends of Tim Johnson				
Full Name, Mailing Address, and ZIP Code Jesse Smart 2813 Pheasant Run Bloomington IL 61704-	Name of Employer Smart Seeds, Inc. Occupation Owner	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 400.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00			
Full Name, Mailing Address, and ZIP Code Paul Schroeder 915 Bonnie Brae River Forest IL 60305-	Name of Employer Information Requested Occupation Attorney	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 350.00			
Full Name, Mailing Address, and ZIP Code Hugh Van Voorst 201 Center Street Box 37 Union Hill IL 60969-	Name of Employer Van Voorst Farms Occupation Information Requested	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Vincent Troiano RR 18 Box 538 Bloomington IL 61704-	Name of Employer State Farm Occupation Information Requested	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Carl Schrof 2205 Hedgewood Drive Bloomington IL 61704-	Name of Employer Information Requested Occupation Realtor	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 400.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00			
Full Name, Mailing Address, and ZIP Code Greg Rackauskas 305 N. Linden Normal IL 61761-	Name of Employer Information Requested Occupation Dentist	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 400.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00			
Full Name, Mailing Address, and ZIP Code John Frisch 21 Country Club Bloomington IL 61701-3456	Name of Employer Information Requested Occupation Retired	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 400.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	31 / 60
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Darrel Hartweg 1608 E. Washington Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 250.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Donna Peters RR 2, Box 243 Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer DPS Services, Inc.	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 250.00
	Occupation President		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Roger Jaslin 2001 E. Cloud Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State Farm	Date (month, day, year) 08/04/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Tom Jacob 1701 Clearwater Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 250.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code Bill Brady PO Box 88C Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 250.00
	Occupation Real estate broker		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Bill Gaisley 401 W. Summit Street Normal IL 61761-1264 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/16/2000	Amount of Each Receipt this Period 500.00
	Occupation Judge		
	Aggregate Year-to-Date > \$ 525.00		
Full Name, Mailing Address, and ZIP Code Gordon Ropp RR 8, Box 75 Normal IL 61761- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 250.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 250.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	32 / 60
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Roger Tompkins 1911 Redbud Lane Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State Farm	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 500.00
	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code John Walther 111 Rust. #107 Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State Farm	Date (month, day, year) 08/04/2000	Amount of Each Receipt this Period 250.00
	Occupation Systems Analyst	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Jon Glick PO Box 853 1005 Marshall Street Paris IL 61944- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Indiana State University	Date (month, day, year) 08/04/2000	Amount of Each Receipt this Period 300.00
	Occupation Accountant	Aggregate Year-to-Date > \$ 400.00	
Full Name, Mailing Address, and ZIP Code Jon Glick PO Box 853 1005 Marshall Street Paris IL 61944- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Indiana State University	Date (month, day, year) 08/23/2000	Amount of Each Receipt this Period 100.00
	Occupation Accountant	Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Dennis Millions 2000C N. Springview Drive Kankakee IL 60901- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Riverside Healthcare	Date (month, day, year) 08/04/2000	Amount of Each Receipt this Period 250.00
	Occupation Information Requested	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Mid-State Industries 908 Bob King Drive PO Box 68 Arcola IL 61910- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/04/2000	Amount of Each Receipt this Period 250.00
	Occupation Information Requested	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code John North 3207 Leafy Lane Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State Farm	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 1000.00
	Occupation VP	Aggregate Year-to-Date > \$ 1000.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	33 / 60
				FOR LINE NUMBER 11A1	
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, Mailing Address, and ZIP Code Winifred Feken 2027 Ireland Grove Road Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Chuck's Harley Davidson Inc. Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code Scott Ralston 202 Concord Drive Normal IL 61761- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Financial Planner Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code Gayle Dustman 7 Country Club Place Bloomington IL 61701-3456 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Homemaker Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code Gordon Kruger Rt. 15, Box 5 Normal IL 61761- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Veterinarian Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 1000.00		
Full Name, Mailing Address, and ZIP Code Dale Stassheim RR 1, Box 179 Hudson IL 61746- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Healthcare Administrator Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code Joe Warner 12 Kent Drive Normal IL 61761- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Heritage Care Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code Steve Timmermann RR 1, Box 467 Bloomington IL 61704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer First State Bank Occupation Banker Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 250.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		34 / 60
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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, Mailing Address, and ZIP Code Robert Knight 2 Ridgemoor Lane Normal IL 61761-	Name of Employer Information Requested	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 400.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Retired			
Aggregate Year-to-Date > \$ 400.00				
Full Name, Mailing Address, and ZIP Code John Smith 906 Hastings Drive Bloomington IL 61701-	Name of Employer Smith Farm Management	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation President			
Aggregate Year-to-Date > \$ 250.00				
Full Name, Mailing Address, and ZIP Code Jim Bel RR 3, Box 502 Bloomington IL 61704-	Name of Employer Self	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 400.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
Aggregate Year-to-Date > \$ 400.00				
Full Name, Mailing Address, and ZIP Code David Reynolds 624 Normal Avenue Normal IL 61761-	Name of Employer Densig Group	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 400.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
Aggregate Year-to-Date > \$ 400.00				
Full Name, Mailing Address, and ZIP Code Harry Hal RR 3, Box 127 Bloomington IL 61704-	Name of Employer State of Illinois	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 400.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Liason			
Aggregate Year-to-Date > \$ 650.00				
Full Name, Mailing Address, and ZIP Code Kim Burner 4 Smokey Court Bloomington IL 61704-	Name of Employer State Farm	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney			
Aggregate Year-to-Date > \$ 1000.00				
Full Name, Mailing Address, and ZIP Code Steven Nemerovski One IBM Plaza Suite 3000 Chicago IL 60611-	Name of Employer Aronberg, Goldgehn, Davis	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney			
Aggregate Year-to-Date > \$ 250.00				
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	35 / 60
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code William Graham One Baxter Parkway Dearfield IL 60015- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/21/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Sarah Wood Armour 303 Bluffs Edge Dr. Lake Forest IL 60045- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 1000.00
	Occupation Homemaker		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Kelley Bergstrom 714 Rogar Ave Kenilworth IL 60043- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 1000.00
	Occupation Investor		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Phillip Block 1430 Lake Shore Dr. Chicago IL 60610- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Capitol Guardian Trust Co.	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 500.00
	Occupation Executive		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Tyrone C. Fahner 190 S. LaSalle St. Chicago IL 60603- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Mayer, Brown and Platt	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 1000.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Ronald Gidwitz 1260 N. Astor Chicago IL 60610- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Sakon 123, Inc.	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 1000.00
	Occupation Chairman		
	Aggregate Year-to-Date > \$ 1250.00		
Full Name, Mailing Address, and ZIP Code David W. Grainger 100 Grainger Pkwy Lake Forest IL 60045- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer W.W. Grainger, Inc.	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	36 / 60
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Fred Ikle 7010 Glenbrook Rd. Bethesda MD 20814-	Name of Employer Self	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code John Lillard 1300 N Waukegan Rd. Lake Forest IL 60045-	Name of Employer Information Requested	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 250.00
	Occupation Self-employed		
	Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Marion Lloyd 25060 N St. Mary's Rd. Libertyville IL 60048-	Name of Employer Information Requested	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 250.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Roger Nelson 253 Franklin Rd. Glencoe IL 60022-	Name of Employer Information Requested	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code John Nichols 900 Mt Pleasant Rd Winnetka IL 60093-	Name of Employer Information Requested	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 1000.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code W. Irving Osborne 347 Bluffs Edge Dr Lake Forest IL 60045-	Name of Employer Information Requested	Date (month, day, year) 08/21/2000	Amount of Each Receipt this Period 500.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Michael Pritchett 2017 Chestnut Ave Wilmette IL 60091-	Name of Employer Pritchett Realty Corporat- ion	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 500.00
	Occupation Realtor		
	Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		37 / 60
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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, Mailing Address, and ZIP Code Thomas Rakow 931 Oakdale Rd Elgin IL 60123- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer IHC Group, Inc. Occupation Contractor Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/21/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Charles Shaw 105 Dewindt Rd Winnetka IL 60095- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Shaw Company Occupation Real Estate Developer Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Herbert Strida 111 W Washington Ste 1837 Chicago IL 60602- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Physician Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Stuart Meacham 2814 Robeson Park Dr Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Cozad Asset Management Occupation Manager Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/18/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Robert Rice PO Box 448 Philo IL 61864- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed Occupation Realtor Aggregate Year-to-Date > \$ 1160.00	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Charles Seeber 313 Woodland Drive Rantoul IL 61866- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Seeber Property Occupation Information Requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/11/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code F. Dwyer Murphy 1308 Weatherwane Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/11/2000	Amount of Each Receipt this Period 250.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	38 / 60
			FOR LINE NUMBER 11A1

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, Mailing Address, and ZIP Code David Rice PO Box 476 Tuscola IL 61853- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Tuscola Professional Occupation Owner Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Woodrow Chenault 1074 Budes Pond Rd Monticello IL 61856- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Daily & Assoc., Engineers, Inc Occupation Information Requested Aggregate Year-to-Date > \$ 295.00	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 150.00
Full Name, Mailing Address, and ZIP Code Joseph McCaskey RR2 407 E. Washington Tokono IL 61890- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Orange & Blue Distributing Occupation Operations Manager Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Jack Munson 2141 S. Neil Street Champaign IL 61820- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Pharmacist Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 200.00
Full Name, Mailing Address, and ZIP Code Jack Munson 2141 S. Neil Street Champaign IL 61820- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Pharmacist Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 100.00
Full Name, Mailing Address, and ZIP Code Drew Butzow Pards Western Shop Inc. 306 N. Maple Urbana IL 61802- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pards Western Shop Occupation Owner Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/21/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Agnes Simms 208 N. White PO Box 558 Sidney IL 61877- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Realtor Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 200.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	39 / 60
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Agnes Simms 208 N. White PO Box 558 Sidney IL 61877-	Name of Employer Information Requested Occupation Realtor	Date (month, day, year) 08/30/2000	Amount of Each Receipt this Period 110.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 310.00		
Full Name, Mailing Address, and ZIP Code Harvey Traub 7377 N 220 East Road Fairbury IL 61739-	Name of Employer Information Requested Occupation Retired	Date (month, day, year) 08/16/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code David Bel 610 E. Penn Street Hoopston IL 60942-	Name of Employer Crown Ford-Mercury Occupation Owner	Date (month, day, year) 08/17/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Jerald Ramshaw 1303 Old Farm Road Champaign IL 61821-	Name of Employer Information Requested Occupation Real estate broker	Date (month, day, year) 08/19/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Warren Wessels 1016 W. Daniel Champaign IL 61821-	Name of Employer Information Requested Occupation Retired	Date (month, day, year) 08/19/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Warren Wessels 1016 W. Daniel Champaign IL 61821-	Name of Employer Information Requested Occupation Retired	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Mike House 17346 E. Co Road 1800 N Hindsboro IL 61930-	Name of Employer Information Requested Occupation Farmer	Date (month, day, year) 08/19/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	

SCHEDULE A		ITEMIZED RECEIPTS		40 / 60
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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, Mailing Address, and ZIP Code Ned Jenison 413 W. Court Street Paris IL 61944-	Name of Employer Paris Beacon News Occupation Owner	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Ned Jenison 413 W. Court Street Paris IL 61944-	Name of Employer Paris Beacon News Occupation Owner	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code R.L. Magers 1401 Marshall PO Box 670 Paris IL 61944-	Name of Employer Self Occupation Information Requested	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code John Spung PO Box 386 Paris IL 61944-	Name of Employer Self Occupation Information Requested	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code William Magers 5 Waters Edge Paris IL 61944-	Name of Employer Self Occupation Information Requested	Date (month, day, year) 07/21/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code William Magers 5 Waters Edge Paris IL 61944-	Name of Employer Self Occupation Information Requested	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 750.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code George Rogers 14131 US Hwy. 36 Chrisman IL 61924-	Name of Employer Information Requested Occupation Information Requested	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	41 / 60
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code J.W. Hasler 14 Poplar Street Paris IL 61944-8614 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Retired Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Joe Keys 13338 N. 1500th Street Paris IL 61944- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Farmer Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Shawn Coady 204 N. Rt 54 Roberts IL 60962- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Hicks Gas Occupation Owner Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Robert Colvin 1275 Sugar Creek Lane Paris IL 61944- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Engineer Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code David Frisse 15494 Hill Road Paris IL 61944- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Attorney Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Saul Morse 1701 Illini Road Springfield IL 62704- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Illinois State Medical Society Occupation Attorney Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 300.00
Full Name, Mailing Address, and ZIP Code James Leonard 1606 E. Golf Drive Mahomet IL 61853- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Carte Clinic Occupation Physician Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 08/01/2000	Amount of Each Receipt this Period 700.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	42 / 60
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Douglas Wilson 6145 E. 1200 North Road Gridley IL 61744- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 250.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Michael Frey 435 W. Court Street Paris IL 61944- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 500.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Michael Mooney PO Box 137 Chrisman IL 61924- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 250.00
	Occupation Automobile dealer		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Robert Morgan PO Box 877 Paris IL 61944- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 1000.00
	Occupation Manufacturing		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Edward Wright 14 Woodmere Drive Paris IL 61944- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 1000.00
	Occupation Construction		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Eleanor Sims 5453 S 11000W Road Herscher IL 60941- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code China Ibsen Oughton 404d Morris Road Dwight IL 60420-1084 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	43 / 60
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Randy Creech 504 Marshal St Paris IL 61944-	Name of Employer Orange & Blue Distributing	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 250.00
	Occupation Salesman		
	Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Harrison McCown PO Box 258 Tuscola IL 61955-	Name of Employer Self	Date (month, day, year) 07/25/2000	Amount of Each Receipt this Period 350.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 700.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Francis Chitlick 1287 E Grove Avenue Rantoul IL 61866-	Name of Employer Chitlick Family Eyecare	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Shankwiler, Ayers & Rhoades Monticello IL 61856-	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 200.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 300.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Gary Davis 1503 Myrtle Danville IL 61832-	Name of Employer Information Requested	Date (month, day, year) 07/11/2000	Amount of Each Receipt this Period 250.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Victor Treat 706 Parklane Champaign IL 61820-	Name of Employer Information Requested	Date (month, day, year) 07/14/2000	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Sylvia Andersh 4308 Curtis Meadow Drive Champaign IL 61821-	Name of Employer Requested Info	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	44 / 60
			FOR LINE NUMBER 11A1

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, Mailing Address, and ZIP Code Sylva Andersh 4308 Curtis Meadow Drive Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Requested Info	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code George Coffey 112 N. Rt. 133 Arcola IL 61910- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 400.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Chris Hill PO Box 80 Tuscola IL 61953- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 1000.00
	Occupation Art Dealer		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Jerome Mirza 705 East Washington Street Bloomington IL 61701- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Verome, Mirza and Assoc., Ltd.	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 1000.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Jerome Mirza 705 East Washington Street Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Veroma, Mirza and Assoc., Ltd.	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 1000.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code John Conerty 660 N County Road 1500E Tuscola IL 61955- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 1000.00
	Occupation farming and real estate		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Joseph Goldberg 3205 Cypress Creek Road Champaign IL 61822- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Christie Clinic	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 500.00
	Occupation Chief Medical Officer		
	Aggregate Year-to-Date > \$ 500.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	45 / 60
				FOR LINE NUMBER	11A1
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, Mailing Address, and ZIP Code Jacquelyn Tobey 507 Pilot Drive Herscher IL 60941- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Homemaker Aggregate Year-to-Date > \$ 565.00	Date (month, day, year) 09/16/2000	Amount of Each Receipt this Period 565.00		
Full Name, Mailing Address, and ZIP Code Alexander Dimitrief 695 Oak Drive Glencoe IL 60022- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Attorney Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 1000.00		
Full Name, Mailing Address, and ZIP Code L.J. Hochberg 275 N. Deers Park E. Highland Park IL 60035- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed Occupation Investor Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 1000.00		
Full Name, Mailing Address, and ZIP Code James W.C. Swartz 318 S. Charter Monticello IL 61856- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 1000.00		
Full Name, Mailing Address, and ZIP Code Joseph Whelan 1717 Briardiff Dr. Urbana IL 61802- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer State of Illinois Occupation Sales Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code Jack Lageshulte 3 Marbury Lane Barrington IL 60010- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Old Colony Builder's, Inc. Occupation Executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code Donald Holt 1801 Moraine Dr. Champaign IL 61821- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Professor Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 250.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		46 / 60
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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, Mailing Address, and ZIP Code Jim Spelman 1306 Stephens Dr. Normal IL 61761-	Name of Employer Information Requested	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 350.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Retired	Aggregate Year-to-Date > 5 350.00		
Full Name, Mailing Address, and ZIP Code Ann Khan 1102 Wilshire Champaign IL 61822-	Name of Employer Information Requested	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 750.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Homemaker	Aggregate Year-to-Date > 8 750.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				149054.00

SCHEDULE A		ITEMIZED RECEIPTS		47 / 60
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11C
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, Mailing Address, and ZIP Code Duchossols Industries PAC 845 Larch Avenue Elmhurst IL 60126- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 7000.00	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 2000.00	
Full Name, Mailing Address, and ZIP Code Term Limits America PAC Rt. 2, Box 431 Scottsville 24590- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 3500.00	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Local No. 150 PAC 6200 Joliet Road La Grange IL 60525- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 6000.00	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 3000.00	
Full Name, Mailing Address, and ZIP Code Majority Leader Fund Honorable Dick Arney P.O. Box 565 Lewisville TX 75067- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 8457.98	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 2500.00	
Full Name, Mailing Address, and ZIP Code SBC Communications PAC 175 E. Houston San Antonio TX 78205- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 1500.00	
Full Name, Mailing Address, and ZIP Code Ameren PAC 607 E. Adams Street Springfield IL 62739- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1300.00	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Dan Rutherford Campaign Committee 732 W. Madison Street Pontiac IL 61764- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 800.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	48 / 60
			FOR LINE NUMBER 11C

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, Mailing Address, and ZIP Code Citizens for Lee Newcom 1209 N Oak Bloomington IL 61701- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 250.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code WAL-PAC 702 SW 8th Street Bentonville AR 72716-8071 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 2000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code MAC PAC Kimberly Woodard PO Box 6115 Temple TX 76503-6115 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 2000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code Bayou Leader PAC 524 Ft. Williams Parkway Alexandria VA 22304- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/02/2000	Amount of Each Receipt this Period 3000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 3000.00		
Full Name, Mailing Address, and ZIP Code John Maitland Campaign 207 W. Jefferson Street Suite 400 Bloomington IL 61702-0397 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Citizens for Turner PO Box 402 Lincoln IL 62856- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Citizens for Turner PO Box 402 Lincoln IL 62856- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 08/15/2000	Amount of Each Receipt this Period 20.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 520.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		49 / 60
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11C
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, Mailing Address, and ZIP Code Citizens for Turner PO Box 402 Lincoln IL 62656-	Name of Employer Information Requested	Date (month, day, year) 08/30/2000	Amount of Each Receipt this Period 50.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 570.00		
Full Name, Mailing Address, and ZIP Code Elect Dan Brady State Representative 86th District 2425 E. Lincoln Bloomington IL 61701-	Name of Employer Information Requested	Date (month, day, year) 08/04/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code NAIFAPAC 1922 F Street, NW Washington DC 20006-	Name of Employer Information Requested	Date (month, day, year) 08/11/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code Dynegy PAC 1000 Louisiana Suite 5600 Houston TX 77002-5050	Name of Employer Information Requested	Date (month, day, year) 08/11/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1500.00		
Full Name, Mailing Address, and ZIP Code Commonwealth Edison PAC PO Box 767 Chicago IL 60690-	Name of Employer Information Requested	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 1500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 7500.00		
Full Name, Mailing Address, and ZIP Code Commonwealth Edison PAC PO Box 767 Chicago IL 60690-	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 8000.00		
Full Name, Mailing Address, and ZIP Code Commonwealth Edison PAC PO Box 767 Chicago IL 60690-	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 9500.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		50 / 60
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11C
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, Mailing Address, and ZIP Code Commonwealth Edison PAC PO Box 757 Chicago IL 60690-	Name of Employer Information Requested	Date (month, day, year) 08/30/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
		Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Sallie Mae PAC 11600 Sallie Mae Drive Reston VA 20193-	Name of Employer Information Requested	Date (month, day, year) 07/07/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
		Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Drive Political Fund 25 Louisiana Avenue, NW Washington DC 20001-	Name of Employer Information Requested	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
		Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code PIA PAC Allison Lewis 400 N. Washington Street Alexandria VA 22314-	Name of Employer Information Requested	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
		Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code InsurPac 4360 Wabash Avenue Springfield IL 62707-	Name of Employer Information Requested	Date (month, day, year) 08/24/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
		Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Kemper Insurance PAC 1 Kemper Drive, C-3 Long Grove IL 60049-0001	Name of Employer Information Requested	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
		Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Kemper Insurance PAC 1 Kemper Drive, C-3 Long Grove IL 60049-0001	Name of Employer Information Requested	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested			
		Aggregate Year-to-Date > \$ 1000.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	51 / 60
			FOR LINE NUMBER 11C

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, Mailing Address, and ZIP Code R.R. Donnelley & Sons PAC 77 W. Wacker Dr. Chicago IL 60601-1696 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1500.00	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 1500.00
Full Name, Mailing Address, and ZIP Code Keith Sommer Campaign Committ- ee 376 Heritage Drive Mackinaw IL 61755- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 300.00
Full Name, Mailing Address, and ZIP Code National Venture Capitol Assn. PAC 1655 North Fort Myer Drive Suite 850 Arlington VA 22209- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 2000.00
Full Name, Mailing Address, and ZIP Code Bristol-Myers Squibb PAC 345 Park Avenue 11th Floor New York NY 10154- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Electronic Data Systems PAC 1331 Pennsylvania Avenue, NW Suite 1300, North Washington DC 20004- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code NRA Political Victory Fund 11250 Waples Mill Road Fairfax VA 22030-7400 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code NRA Political Victory Fund 11250 Waples Mill Road Fairfax VA 22030-7400 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 4950.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 2950.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		52 / 60
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11C
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, Mailing Address, and ZIP Code Citizens for Representative Dale Righter P.O. Box 348 Charleston IL 61820- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 700.00	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code USTEAM PAC 100 West Fulham Avenue Greenwich CT 06830- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Glaxco Wellcome PAC Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/18/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Tillie Fowler Campaign Fund PO Box 580087 Jacksonville FL 32205- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/18/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code American Banker Association PAC 1120 Connecticut Avenue, NW Washington DC 20036- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 07/21/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Morgan Stanley Dean Witter PAC 2 World Trade Center 45th Floor New York NY 10048- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 07/25/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Abbott Laboratories Better Go- vt Fund 100 Abbott Park Road North Chicago IL 60064-6028 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 2000.00	Date (month, day, year) 07/25/2000	Amount of Each Receipt this Period 2000.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		53 / 60
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11C	
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, Mailing Address, and ZIP Code American Medical Association PAC 1101 Vermont Avenue, NW Washington DC 20005-	Name of Employer Information Requested	Date (month, day, year) 07/27/2000	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 10000.00		
Full Name, Mailing Address, and ZIP Code Verizon PAC 1312 E. Empire Street Bloomington IL 61701-	Name of Employer Information Requested	Date (month, day, year) 09/08/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Philip Morris PAC 120 Park Avenue New York NY 10017-	Name of Employer Information Requested	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 3000.00		
Full Name, Mailing Address, and ZIP Code Food Marketing Institute PAC 855 15th Street, NW Suite 700 Washington DC 20005-5701	Name of Employer Information Requested	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code Exxon Mobile PAC 5959 Las Colinas Blvd. Irving TX 75039-2298	Name of Employer Information Requested	Date (month, day, year) 07/14/2000	Amount of Each Receipt this Period 2500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 2500.00		
Full Name, Mailing Address, and ZIP Code UPS PAC 55 Glenlake Parkway NE Atlanta GA 30328-	Name of Employer Information Requested	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 5000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 5000.00		
Full Name, Mailing Address, and ZIP Code Citizens For Andrea Moore PO Box 6476 Libertyville IL 60048-	Name of Employer Information Requested	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	54 / 60
			FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Citizens Forleben 137 S. State Geneseo IL 61254-	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code National Cattlemen's Beef Assoc. PAC 5420 Quebec Street PO Box 3469 Englewood CO 80155-	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Friends of Bob Livingston PAC 228 S. Washington Street Suite 200 Alexandria VA 22314-5404	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code A.E. Staley PAC 2200 E. Eldorado Decatur IL 62521-	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/18/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code UROPAC 1111 Plaza Drive #550 Schaumburg IL 60175-	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Deloitte & Touche P.O. Box 385 Washington DC 20044-0385	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 3000.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 3000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code La Sala PAC -	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	55 / 60
			FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Art Pac 112 S. West Street Alexandria VA 22314- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 5000.00
Full Name, Mailing Address, and ZIP Code Trucking PAC 430 First St. Washington DC 20003- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 5000.00
Full Name, Mailing Address, and ZIP Code American Vet PAC 1101 Vermont Ave., N.W. , STE 710 Washington DC 20005- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code AOA-PAC 1505 Prince St. Alexandria VA 22314- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code AOA-PAC 1505 Prince St. Alexandria VA 22314- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 2500.00	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 2000.00
Full Name, Mailing Address, and ZIP Code Kerr-McGee Corp PAC 123 Robert S. Kerr Avenue Oklahoma City OK 73102- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code CRNA PAC 412 First St., SE Suite12 Washington DC 20003- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	56 / 60
			FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code AMPAC P.O. Box 5114 Westerville OH 43081-6114 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Cigna PAC 1650 Market Street Philadelphia PA 19192-1570 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Electrical Const PAC 3 Bethesda Metro Center Bethesda MD 20814 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Sen Dave Sullivan P.O. Box 1343 Des Plaines IL 60018 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 100.00
	Occupation Senator		
	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Illinois Beef Assoc. 2060 W. Iles Ave. Suite B Springfield IL 62704 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code ARM PAC 520 N. Northwest Highway Park Ridge IL 60068-2573 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 2500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 2500.00		
Full Name, Mailing Address, and ZIP Code Case New Holland PAC Mark Huenemann 700 State Street Racine WI 53404 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	57 / 60
			FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)
Friends of Tim Johnson

Full Name, Mailing Address, and ZIP Code Marriott PAC Marriott Drive, Dept. 904 Washington DC 20058- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Lewis Congress PAC P.O. Box 247 Redlands CA 92373- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Future Leader's PAC 1155 21st St. Washington DC 20036- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested	Date (month, day, year) 09/30/2000	Amount of Each Receipt this Period 2500.00
	Occupation Information Requested		
	Aggregate Year-to-Date > \$ 2500.00		

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SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	97720.00

SCHEDULE A		ITEMIZED RECEIPTS		58 / 60
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11B
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, Mailing Address, and ZIP Code DeWitt County GOP Central Committee	Name of Employer Information Requested	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Douglas Co. Republican Central Committee	Name of Employer Information Requested	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Republican National Committee 310 First Street, SE Washington DC 20003-	Name of Employer Information Requested	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 5000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 10000.00		
Full Name, Mailing Address, and ZIP Code NROC 320 First Street, SE Washington DC 20003-	Name of Employer Information Requested	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 4500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 4730.00		
Full Name, Mailing Address, and ZIP Code Vermilion Co. Republican Women's Club 14534 Perrysville Road Danville IL 61834-5967	Name of Employer Information Requested	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 300.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Dewitt Womens Club Clinton IL 61727-	Name of Employer Information Requested	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 150.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 150.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				10700.00

SCHEDULE C	LOANS	Use separate schedule(s) for each numbered line	59 / 60
(Revised 3/80)			FOR LINE NUMBER 10
NAME OF COMMITTEE (in Full) Friends of Tim Johnson			
Full Name, Mailing Address, and ZIP Code of Loan Source Bank Illinois 100 W. University Avenue Champaign IL 61820- Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Original Amount of Loan 100000.00 REF-ID : LS1015200017C2023	Cumulative Payment to Date 0.00	Balance Outstanding at Close of This Period 100000.00
TERMS: Date incurred: 02/16/2000 Date Due:		Interest Rate(%) = .0850	<input checked="" type="checkbox"/> Secured
Full Name, Mailing Address, and ZIP Code of Loan Source Busey Bank 201 W. Main Urbana IL 61801- Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Original Amount of Loan 50000.00 REF-ID : LS1015200017C2024	Cumulative Payment to Date 0.00	Balance Outstanding at Close of This Period 50000.00
TERMS: Date incurred: 01/24/2000 Date Due:		Interest Rate(%) = .0850	<input checked="" type="checkbox"/> Secured
Full Name, Mailing Address, and ZIP Code of Loan Source Busey Bank 201 W. Main Urbana IL 61801- Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Original Amount of Loan 90000.00 REF-ID : LS1015200017C2036	Cumulative Payment to Date 0.00	Balance Outstanding at Close of This Period 90000.00
TERMS: Date incurred: 03/02/2000 Date Due:		Interest Rate(%) = .0850	<input checked="" type="checkbox"/> Secured
SUBTOTALS This Period This Page (Optional)			
TOTALS This Period (last page this line number only)			240000.00
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 (Revised 3/80)		DEBTS AND OBLIGATIONS Excluding Loans			60 / 60
		Use separate schedule(s) for each numbered line			FOR LINE NUMBER 10
NAME OF COMMITTEE (In Full) Friends of Tim Johnson					
	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
Full Name, Mailing Address, and Zip Code of Debtor or Creditor Dennis Graf 177 Riverside Newport Beach CA 92865-	5889.85	0.00	5889.85	0.00	
Nature of Debt (purpose): Reimbursement/Newspaper Ads					
Full Name, Mailing Address, and Zip Code of Debtor or Creditor Bank Illinois 100 W. University Avenue Champaign IL 61820-	2915.98	0.00	0.00	2915.98	
Nature of Debt (purpose): Interest					
Full Name, Mailing Address, and Zip Code of Debtor or Creditor Wirthlin Worldwide 1363 Beverly Road Mr Lean VA 22101-	12900.00	0.00	0.00	12900.00	
Nature of Debt (purpose): Polling					
Full Name, Mailing Address, and Zip Code of Debtor or Creditor Busey Bank 201 W. Main Urbana IL 61801-	4885.55	0.00	4235.83	429.72	
Nature of Debt (purpose): Loan Interest					
Full Name, Mailing Address, and Zip Code of Debtor or Creditor Champaign Telephone 1500 S. Neil Champaign IL 61820-	925.00	0.00	0.00	925.00	
Nature of Debt (purpose): Telephone System					
1) SUBTOTALS This Period This Page (Optional)					
2) TOTALS This Period (last page this line number only)				17170.70	
3) TOTAL 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)					